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ABSTRACT

The manual contains comprehensive multidisciplinary training units for supervisors intending to conduct inservice education courses among health personnel in South Carolina nursing homes. The first five units provide a general orientation to inservice education: introduction, the supervisor and inservice education, what inservice can and can't do, why plan inservice education, and orientation and continuing education (the new employee, developing the team). The next nine units contain specific suggestions regarding the organization, delivery, and evaluation of inservice education courses: setting priorities, choosing a topic, writing objectives for the training session, constructing the training plan, designing the lesson plan, using personnel within the nursing home for training and followup, delivering training, and evaluating. The final unit comprises half of the document and contains resource material which includes descriptions of: the trainer's role, needs indicators and needs assessment, training aids, training details, sample lesson plans, evaluation methods, records, personnel evaluation, and regulations for Medicare and Medicaid. (JR)

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INSERVICE EDUCATION MANUAL

FOR

LONG TERM CARE FACILITIES

IN

SOUTH CAROLINA

Prepared By:

EDUCATIONAL SERVICES DIVISION
S.C. STATE BOARD FOR TECHNICAL AND
COMPREHENSIVE EDUCATION
COLUMBIA, S.C. 29201

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March 1974

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PREFACE

The training program under this contract was developed as a result of President Nixon's concern for older Americans. It is funded by HSMHA of the Department of HEW and through the Community Health Services Branch as one of seven demonstration projects throughout the United States.

The purpose of the program is to provide comprehensive short-term training courses for personnel regularly involved in furnishing services to patients in South Carolina's nursing homes.

The training is multi-disciplinary and designed to meet locally identified needs and has been coordinated with other training programs. Our training approach is based on a thorough needs assessment and designed to deliver relevant training in order to expand the bases of quality nursing home care. The assessment of training needs involved site visits to twenty-eight long term care facilities and consultations with professionals representing nursing homes, State Dept. of Health and Environmental Control Licensing and Certification Personnel, and the AD HOC Work Group.

Training of personnel in nursing homes is viewed as an effort to create change at all levels. This program emphasizes the team approach to quality care.

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FORWORD

This publication is intended to serve as a reference to those struggling to upgrade the care to patients through Inservice Education.

Workshops have a purpose but the molding of a group of people into a functioning efficient team is, in part, the responsibility of the inservice educator.

Under this project, workshops were offered to Long Term Care Facilities in:

Environmental Health Procedures for Housekeeping and Supervisory Personnel

Selected Nursing Actions for all Levels of Nursing Personnel

Administrative Management for Administrators

Budgeting in Long Term Care Facilities

Selected Dietary Procedures for Food Service Personnel

Inservice Education for Long Term Care Facilities

A Seminar on Pharmaceutical Services

As a reference and learning tool, manuals were developed which contain the substance of each workshop. This Inservice Manual will guide you in the use of these and other resource materials.

The audio visual aides purchased with project funds are government property but are made available for loan from the Film Library of the State Department of Health and Environmental Control.

PHILOSOPHICAL ASSUMPTIONS OF

NURSING HOME TRAINING PROJECT

The philosophical assumptions under-lying this educational program are grounded in the physical, social, and psychological nature of man and human organizations. These assumptions are concerned with the interrelatedness of nursing home, of the persons *(health clients)* who need and use the nursing homes to promote their health, the persons *(staff and administrators)* who man the nursing homes, the families of health clients and the community of which the individual people and the nursing homes are a part. This relatedness may be visualized as a model of overlapping circles, each individual and social group being unique but also interdependent upon one another. *(See Figure 1)*

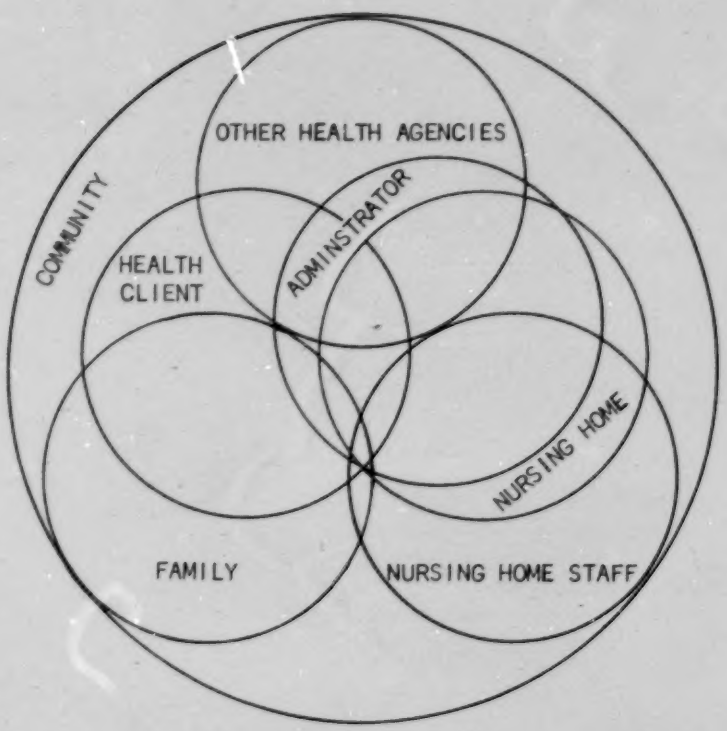


FIG. 1 INTERRELATIONSHIPS OF THE NURSING HOME AS A HUMAN AND COMMUNITY ORGANIZATION.

Health clients in nursing home are persons with all the human needs of man. They are in the nursing homes because they need and are utilizing these services to promote their health and to secure care that is not available elsewhere. These people, admitted as "patients", are members of families and a community in which they have and do fulfill many roles, such as father, grandmother, worker, church member, and neighbor. When they come to the nursing home, they need the continued experiences and reaffirmation of the many personal relationships and self-actualizing functions of the roles which they have fulfilled. Each individual responds to these relationships and carries out his role activities according to his own uniqueness and to the culture he has learned from his society. The need of clients to preserve their uniqueness, their human relationships and self-fulling functions persist in the nursing home. These needs must be satisfied while in the home if health clients are to be maintained and further developed as human beings.

Families, intimate friends and neighbors have strong affections, social and economic ties to health clients. All are interdependent upon one another. Maintenance and promotion of these relationships while the health client is in the nursing home serves as a resource for the health promotion of the client, provide the base for the reintegration into the family and community when he leaves the home. Families serve as major interpreters of the purposes services and values of the nursing home to the community.

People who staff nursing homes are also members of the community. Like all men and women, they need to earn a living and find fulfillment and satisfactions in the productive work that they do and the interpersonal relationships afforded by that work. Opportunity to carry out their functions successfully, to be recognized for their worth and value and to grow in their competence is their daily need.

Likewise, people who administer nursing homes are members of the community who wish to provide the services needed by the health clients, who promote the continued development, productivity and creativity of staff, and who work with other community citizens to develop an effective health care system.

Persons who staff and administer other health agencies, along with community citizens in general, recognize the value of nursing homes and want to work interrelatedly to strengthen them and the necessary unique services they render. This support of the community is essential to the very existance of the nursing home.

This the nursing home is a human institution which contributes to the community of which it is a part by:

1. **Providing unique health care services,**

2. **Promoting the total socio-psychologic and physical health and functioning of its clients,**

3. **Functioning coordinately with other community agencies to promote the level of health in the community,**

4. **Affording opportunity for its staff members to perform valuable and self-fulfilling work and to grow in their ability to contribute to a healthier and more effective community of people, and**

5. **Utilizing its resources (material, economic and human) economically to provide the highest qualities services possible within these limits.**

For the nursing home to achieve its fullest potential as a human organization, sociopsychological principles are utilized in its program, services and organizational methods. The following are practical examples of this humanization of a nursing home.

1. **Clients (patients), their families and community citizens are involved in planning, conducting and assessing programs and services.**

2. **A healthy, democratic, open, social milieu in the home contributes to the health, rehabilitation and social functioning of the clients.**

3. **A staff organized around a team concept which permits the fullest utilization of the competencies of all members.**

4. Regular joint planning by groups of staff enhances communication, staff morale and maximum use of resources, and reduces staff turn-over.

5. The administrative personnel provide leadership to the staff as they learn to work together toward defined mutually acceptable goals.

6. Work, ideas, material goods and creativity are all recognized as valuable resources brought by staff, clients, families, outside persons and administrators and are welcomed in the functioning of the nursing home.

7. The position of the nursing home in the community and health care system is made explicit by involvement of staff and administrative personnel in the community and involvement of community people in the nursing homes as volunteers, on advisory committees and through membership on other committees.

Through the content taught and the methods of teaching utilized, the educational program for nursing home personnel verify, actualize and modify this philosophy with staff and administrators. By increasing technical competencies and dependable knowledge, the staff members will increase their self-esteem and value and improve the quality of services to the health clients. The administrators may be expected to increase their understanding and acceptance of this philosophy and to gain skill in implementing it in the nursing homes and communities where they provide leadership.

Revised and Finalized - Dr. M. Irene Brown - 1/26/73

Illustrations: Dave Armstrong

GENERAL OBJECTIVES OF NURSING HOME PROJECT

1. To increase the awareness of the health care team to the physical, social and psychological needs of health clients to the extent that an environment in which independence, meaningful activities, personal worthiness, self-esteem and social contacts is developed and actively promoted.

2. To increase technical skills of the health care team to provide maximum utilization of competencies, improved health care and services, and increased self-esteem and productivity.

3. To increase understanding of the health care team of their roles and the roles of their health clients in the nursing home environment and the community.

4. To deal with fears and to develop a healthy self-awareness among the health care team of their own attitudes toward sickness, aging, and death and how these attitudes affect role and job performance and the total nursing home environment.

5. To stimulate interest and participation in continuing in-service education as a means of increasing knowledge and skill.

6. To stimulate interest and participation in continuing in-service education as a means of opening channels of communications, improving staff morale, utilizing resources, and reducing staff turnover.

"The Patient is not an inconvenience
he is our only reason for being here."

MY! SOMETHING SURE HAS
CHANGED AROUND HERE!

I INTRODUCTION

With this manual we hope to share with you a workable approach to conducting inservice education. You will find some theoretical background, some practical systems for working in this area and some training approaches, designs and guidelines -- all open to be adapted to your situation. Hopefully, this manual will trigger some important questions about your own training plans that will encourage you to utilize other resources -- books, journals, other supervisors and nursing home personnel -- and experiment with new approaches.

In learning more about training, we found that **patience,** *(with our work and with ourselves)* was indispensable. We learned much from our mistakes as from our successes; our students did also. There are no set formulas for success in this field. Training needs differ with each situation. The whole field of training is growing and changing everyday, and adaptability is of prime importance.

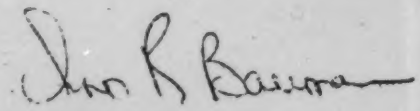
If Supervisor/Trainers need to be adaptable, so, we feel, does this manual. So we have published it in this form in order that:

you may include your own comments, additions, sessions, etc.

any new advances we may publish can be easily inserted.

We hope you will use this manual as "actively" as possible. We realize that inservice education may be the fourth or fifth "hat" you wear and that you don't have any "spare" time, but try to take an hour or two to examine your own experiences to see what supports or contradicts this manual. Look for ways to test what is written here, and modify it to fit your needs. Try not to read and accept any of the content as proven theory -- it is as changeable and varied as each of the persons using this manual.

Mostly, we hope you will not put his manual on the shelf as some sort of expert-in-residence. It is meant as a training tool, to be actively used in building and molding your training program. It is addressed to you, as the trainer *(although you may be supervisor, department head, director of nursing, administrator)* because while reading this manual, that's the "hat" you are wearing.



Ann R. Bauman
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II THE SUPERVISOR AND INSERVICE EDUCATION

What Does Inservice Education Do?

At the outset, let's make it clear that we are not simply talking of the orientation and indoctrination which a new employee gets when he first joins the staff of your home, Inservice education is a continuing process. Inservice education serves at least three purpose:

Skill Training

Continued Professional Growth

Leadership/Management Development

For the staff, therefore, inservice education:

1. **Orients** and introduces them to their working environment;

2. **Helps** them **learn** the **skills** necessary to do their job;

3. **Provides refresher** information and training;

4. **Gives** them an **opportunity to grow** with their jobs, and to prepare for increased responsibility;

5. **Adds new insights**, new understanding -- and more interest -- to their jobs;

6. **Provides checks** on standards of job performance; and

7. **Helps** them to **become more efficient**, and to **gain more** personal satisfaction from their jobs.

For the nursing home, not only a higher level of patient care and a more efficient staff, but often some additional benefits happen:

1. A home-grown laboratory for the analysis of the home's problems, and for working out solutions, usually pragmatic rather than theoretical;

2. a "neutral" environment for the resolution of inter-personal and inter-departmental disagreements; and

3. a method for bringing "hidden" grievances to the surfaces, and -- where it is a problem -- for reducing staff turnover.

Last and most important, from the viewpoint of the **patient**, a systematic process of providing job-related learning experiences to the personnel in your home will mean better patient care, both direct and indirectly. It will mean more skillful and more experienced attention to each patient as an individual, and to his total needs -- physical, social, emotional, spirtual. **Even if this were all, it would be enough**, wouldn't it? **After all the patient is our only reason for being here!**

III WHAT INSERVICE CAN AND CAN'T DO

Inservice education can provide staff with new knowledge and skills; it can improve the quality of services provided; can help staff to learn to perform their jobs in the most effective and efficient manner.

But inservice education is not a cure-all. It can't "cure" a staff member who is not capable of performing his/her job. *(But we should provide inservice to make sure that poor performance is not due to ignorance of what is to be done.)* It cannot "cure" problems which are the result of poor scheduling, or the result of simply not having enough staff to do the job. Nor can it "cure" problems which are the result of a lack of clear well defined administrative procedures.

In order for the nursing home to benefit from inservice training, the home should be organized in a reasonable logical manner, work schedules should be developed which maximize the use of available staff, and the Director of Nursing and supervisory staff must be able to perform their functions in an effective manner. Administration must be clear about its philosophy, what should be achieved, and set the tone/attitude/atmosphere for the home.

IV WHY PLAN INSERVICE EDUCATION?

Because if you just "do inservice" without a plan, you may find that you're just kidding yourself -- wasting time, money and manpower. And nothing to show *for it afterwards except a* bad taste.

And, if you decide not to "bother" with inservice, some kind of education will happen anyway. Something like sex education: if no one else provides it, the "peer group" most certainly will -- in this case, the new employee's fellow workers. In any given nursing home, there's never any lack of people to give the newcomer advice on how he can do his job "better". From "Administration" he may get an hour's orientation at the start; from his supervisor he may get five minutes' worth of on-the-job training at irregular intervals thereafter; he may get a drop of education at unexpected moments in the form of a patient's temper tantrum.

Let's say you're the administrator of a home. One day you happen along during one of these temper tantrums. In the end, the new worker "learns" his lesson but later you say to yourself: There must be a better way -- a better way for him to learn about that particular job: a better way for the new man to learn where he fits into the home's total program; a better way for him to improve his own job skills.

The better way is an "inservice education program" -- it's also mandated under certification requirements, so you decide to "do inservice".

First thing you do is start to jot down all the things you think people in the home need to know.

Then you start juggling them to see which are most important, which ought to be tackled first, and suddenly you find yourself muttering: "What we need is a plan."

And that's exactly what you need if you want a program which will meet the needs of your patients, your staff and your home. But you will have to bear in mind that program planning is:

1. the development of the overall inservice education plan for a six or twelve-month period.

2. the specific action steps which the inservice education coordinator needs to take to carry out the plan, to put together interesting and effective individual training units or sessions.

Why a two step process? Because very early in the process it becomes clear to you that when you do identify your over-all program, the sessions are not just going to happen. Someone will have to work out the details -- for a session on Cerebral Vascular Accidents -- how and who and when and for whom. And that takes additional planning.

But suppose you don't see the need for this second step planning? Suppose you decide that once you've worked out an overall program, "the rest is details." Here is what can happen. *(As a matter of fact, here is what did happen.)*

At one home the RN in charge of "inservice" was checking charts for medication orders when she happened to note the time. She let out a shriek; the pharmacist happened to be passing and came hurrying over. "What's wrong?" "It's 11:30 and I just remembered that I have an inservice session at 2:30 and no program!" Suddenly she realized to whom she was

talking: "Jack! You can save me! How about you doing the program?" "Sure," the pharmacist answered, "what shall I talk about?" "Why," the now happy RN answered, "anything at all. Just so long as we can say we had an inservice session."

What would be your guess about the quality of the pharmacist's program? The degree of interest for the participants? Its value to the home? That's one kind of no-planning.

Here's another. At a second home the participants were given a pamphlet to read as they came into the session -- no one had arranged for a speaker. During the supposedly "silent" reading period, there was a great deal of noise and restlessness. And then hardly anyone joined in the discussion which followed. Only the next day did the "coordinator" find out that many of the participants could read only Spanish.

And still a third example: This was an instance when a drug company representative offered to show an inservice group a film on schizophrenia. Everyone was so grateful, no one bothered to preview the film, just took it for granted it was O.K. Perhaps it was -- for others. But when this particular group saw it, it caused an emotional upset among a number of aides, making them reluctant to take part in any further inservice sessions. This is not to say that all last minute, spur-of-the-moment, unplanned programs have be disastrous.

Nor does it mean that you can't run your inservice program on a week-to-week basis. You can.

But -- what are the odds that a nursing home generally can run without planning? Do you think the odds on an unplanned -- and **successful** -- inservice education program are better?

What Is Planning?

In the context of health-related education, planning involves five separate activities:

Assessing needs, stating the problems, determining both general and specific objectives;

Gathering information on all -- needs, problems and objectives, and identifying the resources relevant to each;

Developing action steps to delivery of the training session;

Implementing *(delivering)* the program and

Evaluating the results of the program as it is taking place, and **modifying** it as necessary -- to meet changing needs, to solve new problems, to achieve not only the original objectives, but additional ones.

Applying this process in inservice education in a nursing home:

Provides a sharper focus for determining the staffs long and short term goals;

Allow time to weigh the relative importance and urgency of specific needs, problems and subject areas, as well as the special interests of the home's administration and staff;

Helps to identify the role which inservice education can and cannot plan as part of the home's problem-solving techniques;

Organizes suggested ideas into a logical continuity, into a step-by-step progression of learning experiences; and,

Ties the proposed inservice program in with the home's other efforts and activities.

And **Always, always** make sure that the administrator knows what inservice programs are being planned, presented, and evaluated. Keep him informed. Do a little public relations. After all, the programs you're conducting are programs he can be proud of.

V AN OVERVIEW: ORIENTATION AND CONTINUING EDUCATION

Because most nursing homes hire new staff one at a time, the body of this manual has been divided into two parts.

The first part deals with orienting new staff on a one-to-one basis.

The second part of the manual deals with working with groups of staff members in continuing inservice education.

The methods described under one-to-one orientation -- "learning by doing" -- work equally well with experienced staff members. The process of how staff learns from one-to-one instruction does not change.

The purpose of this manual is to provide a reference guide of instructional techniques and resource materials. Take it and use it as it best meets your needs.

Introduction To Job Instruction

The special concern of this chapter in the area of job instruction which can be defined as "how to get a person to do a job." This person may be high or low in the hierarchical totem pole; he may be new or old in the agency; and he may be highly competent or just barely getting by.

The point here is that the supervisor/trainer is often so overwhelmed with the complexity of his problem he forgets that in the last analysis, he must deal with individual workers in terms of individual jobs. If he can get one worker to do one job correctly, if he then multiplies this job by the total jobs performed by this worker, and if he repeats the process with the other workers who come within his jurisdiction, he will be well along the road of managing his function successfully.

A. Instruction Process

There is no lack of written material on the actual instruction process. This is the pivot of the entire training system and the one on which the most thought and time have been expended.

In a nutshell, most of these boil down to making a knowledgeable person responsible for seeing that the learner really learns the job and then following up to be sure that the learner does it as he should.

Once again, the qualifying adjective is all important. The instructor *(supervisor/trainer)* must be knowledgeable -- and his knowledge must have two parts. First, he must know his job. Next, he must know how to instruct.

Neither of these knowledges -- that of how to do the job or of how to instruct -- comes naturally to the supervisor at any level of the organization.

1. Job Outline

The way the job is now being done is a good starting point for the supervisor-trainer.

He should find out which of several methods being used is best from the viewpoints of productivity, cost, ease of learning, and freedom from error, and should instruct the learner in just this one method.

A good plan to insure that instruction is being given in the one best way is to prepare a written outline with the important steps and key points of operation carefully checked. An "important" step according to a current definition, is "a logical segment of the operation where something happens to advance the work."

Key points are those important details within a step which are tricky or hard to learn unless they are carefully explained to the learner. These might include knacks, tricks of the trade, caution points regarding policy/procedure, or reasons why, where the purpose of a step may be obscure.

Once the steps and key points of an operation have been written down, it is easy to see why so much instructional effort is misapplied; for all too often the supervisor/trainer keeps going on and on, piling instruction on instruction, until the learner's mind fails under the accumulation of information.

There is a built-in safety device in the human mind which probably keeps a lot of people from going crazy. This works like the windshield wiper of an automobile, When the overload point in the learning process is reached, the wipers start up. However, this process serves to erase not just the last few steps of information, but **everything**, from the learner's mind.

The act of preparing a breakdown *(outline)* of the job has the effect of warning the supervisor/trainer not to give more than the worker/trainee can master at one time, in one session, or during one instructional routine.

2. **The Instructor (Supervisor/Trainer)**

Much has been said in the training literature about the qualifications of a good instructor. Many authorities say that he should radiate a sort of friendly interest to the learner, that he should have an awareness of the pitfalls that a learner may stumble into, and that he should express himself clearly, yet without excessive wordiness.

The "boss" can usually be made into a good instructor because he can be made responsible for the performance of the worker. Sometimes a skilled worker is given the job.

All too often the outgoing worker is left to train the new one, so that not only are all the oldtimer's bad habits perpetuated, but also the new worker is made to absorb many of his slants and biases toward supervision, the agency, and the system in general.

The BEST time for a supervisor to start building the kind of unit he has always dreamed of is when a new worker comes under his supervision for the first time.

Learning By Doing

Every employee working with you has certain skills, abilities and interests upon which he draws to do his job. The degree to which he uses these skills and abilities is dependent upon what he wants to do. Regardless of how much the employee brings to the job, however, there will usually be certain needed skills, interests, and abilities which he does not have. These then must be learned and developed. So it is as important for the supervisor to consider methods of training and developing his people as it is to consider motivating them to use whatever abilities they have.

Training and developing staff is not an easy task. It is time consuming and no exact methods are available. However, it is usually the supervisor who takes a sincere interest in the development and growth of the employee who has a stable and efficient work group.

What is the best method of helping people to learn? Professional educators would like an answer to this question. In many ways, the on-the-job training situation has an advantage over the school system. The reason for this is that the knowledge which must be learned can be immediately applied to a practical situation. The most effective training procedure of all is readily available -- that is letting the employee learn the task by actually doing it. The importance of learning by doing, however, is often underestimated and many other methods of training are used as a substitute.

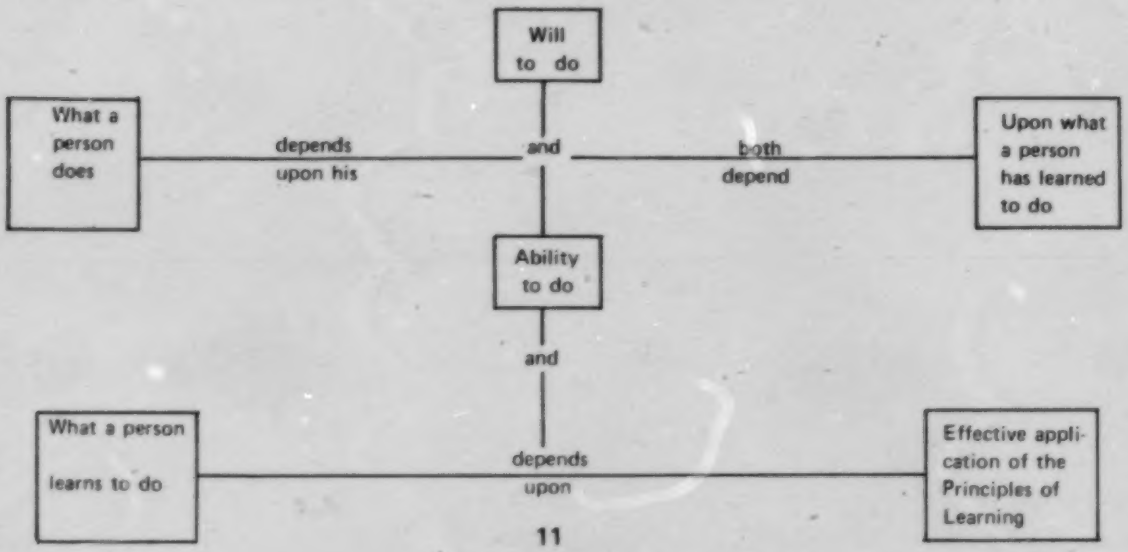
Non Productive Methods

One method of training used is that of making a man an understudy of some one and letting him learn to handle a job **by just looking on** *(Buddy System).*

Another method is telling a man all of the functions he will be involved in or even letting him read written practices and procedures as a method of learning the job. Very little learning will take place under either of these procedures regardless of how much motivation you create.

Learning-by-doing *(on-the-job-training)* is a far more effective procedure. It has the advantages of giving the individual a chance to think and act for himself, as well as exposing him to new and stimulating experiences.

Learning-by-doing is just one of several proven principles of learning important to supervision. Let's consider the training problem facing all supervisors and then apply the principles of learning as a possible solution.



The Learning Process

All of the techniques and methods of teaching are based on an understanding of the learning process. If we want a person to learn, we'll have to understand how and why he learns before our teaching can become effective.

We learn through hearing, seeing, feeling, smelling, and tasting. Most of our job instruction will be concerned with only the first three. The new man will learn through hearing; by our telling him things. He'll learn from seeing, by watching us perform in the job and by watching our skills. Probably his ability to perceive will improve as we show him how to look for the fine differences between acceptable and non-acceptable work. And, finally, he'll learn through feeling *(doing)* -- primarily through the sense of touch in his hands.

Since we are going to be teaching job knowledge, job techniques, and job skill, we'll need to use a number of methods. The more ways that we can put our points over, the easier it will be for the learner to remember them.

Some Things to Know About Learning

1. **Readiness** -- Haven't we all seen a baseball game in which a pitcher sneaks a fast one over while the batter is still not quite ready? It is almost impossible to hit a baseball unless you are "all set." The same thing applies to instruction. Since the supervisor isn't trying to "sneak a fast one over," he must give the learner plenty of warning. We've got to learn something. This part of your instruction is really important. This is where you get the learner ready, arouse his interest, and show him **how he'll benefit** by learning.

2. **Concentration** -- We know that some people learn more rapidly than others. Much of this difference seems to be in the ability to concentrate, to focus all your attention on the job before you. For a period of time, you may be thinking of nothing else except the job you have. Some people have effectively developed this ability; others find their attention constantly wandering and never do seem to understand why they lose track of what is going on. In the instruction process, we'll want to help the **concentration** of our learner by making our **instruction interesting and by deliberately excluding as many things as possible that might cause distraction.**

3. **Repetition** -- We learn by doing things over and over. That is the reason for practice on the football field or basketball court. That is why you have improved your skill in your job, because you have repeated and repeated and repeated until every movement became "second nature."

4. **Habit** -- Habit is the repetition above **applied to our actions.** All of us have habits and most of them are good habits. You know that when you get up in the morning and dress, you don't have to think very seriously about what you are doing. This is possible because of the habits you have established. **In our instruction process, we will be concerned with helping the new man learn the proper habits.** The sooner he learns

these habits; the sooner he will be free to turn his attention to the fine points of his job.

5. **Memory** -- Our memory depends largely on our concentration, on repetition, on habit, and perhaps on our everyday use of the material. But we must remember that no one has a perfect memory, and we can't depend on our new man to have a perfect memory either. **He'll remember the things that we tell him, but only after we have told him several times and he has used that knowledge or skill time and again.**

6. **Effect** -- The Law of Effect in learning **is the fine feeling of satisfaction** you get when you've done something just right. It is the pride of workmanship, it is the feeling of achievement. **One of the surest ways of learning is to have a good effect from what you've learned.**

Now **all of these principles are of little value unless we can convince the learner that it is really to his advantage to learn.** We all know of the case of the farmer who was encouraged to come to a meeting to learn how to farm better, and his reply -- "Shucks, I don't farm half as good now as I know how to." Our new man may hear everything we say and he may remember it, but chances are that unless he is convinced he will profit from this learning, he won't put much of this learning into action.

We must get him in a receptive frame of mind, help him concentrate, make the repetition interesting, and check up on his memory.

Every good instructor used all of these principles of learning. He knows that although everyone wants to learn, some learning is difficult, and by giving information in a variety of ways and appealing to all the senses, the learning is made easy. This applies to the classroom teacher, to the platform lecturer, and to job instruction in the field. The only difference is in materials and procedures -- the principles are exactly the same.

With this information as a background to help you understand some of the problems confronting the learner and ways of getting around these problems, we are now ready to consider job instruction itself.

"How" To Orient The New Employee To The Job

There are four basic steps in job instruction. Here they are:

1. Prepare the new employee
2. Presentation
3. Tryout
4. Follow-up

These steps are not new -- there is nothing difficult about them. If you follow these steps carefully, your job instruction will be well done and it will be thorough. Remember -- use your best staff member to train the new employee -- not the employee who is leaving. We want to make sure that our new employee is exposed to a good attitude about the home, and is shown the proper way to perform the assigned tasks. *(NOTE: These steps should be used in demonstrating any new task for all employees, old and new.)*

27

Step I Preparing the New Employee

You'll remember that our first law of learning was readiness -- the setting of the proper frame of mind for the new employee. You can't learn very well when you're distracted by the newness of your surroundings, when you may be excited, or a little uncertain as to what is in store for you. Here are some suggestions as to what you can do to help your new employee overcome this state of mind and feel more "at home." In other words, help him get **ready** to learn.

1. Meet your new worker with a friendly handshake; have a smile!

2. Learn his name.

3. Ask him these questions:

   -- Where did you work before?

   -- What kind of work did you do?

   -- How will you get to and from work?

   -- Do you have a large family?

   -- Have you ever worked on a job like this before?

4. Help with the job of orienting the new worker.

   Find out what phases of the orientation you can take over. There are a number of questions which any new employee will have, and you will want to be sure that those questions are answered. Some of it may be done by somebody else during the orientation process, but there will be some that will be your specific responsibility.

In brief, what you are trying to do is to make him feel at ease, but also, you want to find out if he has reliable transportation *(to lessen the chance of absence or tardiness)* and if he knows anything about the kind of work he is assigned to do. This last is important because his previous skill and knowledge are the foundation for his learning.

When you have established a friendly basis and you can see that he begins to feel "at home" you'll know that you have begun to make him **ready**.

You will want to arouse his interest in the job. There are several ways of doing this. One of the best is to point out what the purpose of his unit and the importance of his job in carrying out this purpose.

In order that he might be ready to receive your instruction, speak to him in an unhurried, calm and unirritated manner. Avoid hurry, pressure or worry.

Assure him that you will give him full opportunity to learn the job thoroughly before full responsibility is placed on him.

Do not start actual instruction until signs of nervousness are gone and you are sure he is ready.

Explain the techniques and materials which he will use. Be sure to use simple, understandable terms. Perhaps if the list is fairly long, you will want to ask questions to make sure he remembers what he hears.

Step 2 Presentation of the Job

In the presentation stage of good job instruction, there are four points to keep in mind -- tell, show, illustrate and ask. Actually, the first two are the important points, but the latter two can be quite helpful in your instruction.

1. **Tell him how**

   Tell him what the whole job is, explaining each of the major operations. Here's how you might do it:

   a. Tell him only one point at a time -- stressing each key point.

   b. Make your instruction simple and slow enough for him to absorb every idea.

   c. Avoid any terms, words, or expressions which may not be clearly understood by the new employee.

   d. Be patient in telling. Remember, you must assume that he knows far less about the job than you do.

   e. Tell him over and over again, if necessary.

2. **Show him how**

   Telling him how to do a job is necessary, but not sufficient. He remembers the things he sees better than those which he hears. If you demonstrate how the job is done, it will better impress on his mind what you have told him. Here are some tips which may be helpful:

   a. When showing, do the job slowly enough, one step at a time so that he can see clearly each step. Remember, the hand may be quicker than the eye.

   b. Stress the key points, the use of the technique and/or materials, the pre-technique and/or materials, the precautions and the quality standards.

c. Show him the simplest, shortest and most effective way to perform each step.

d. Show him how to do it several times, if necessary, until he thoroughly understands it.

e. Have him tell you what you are doing.

3. **Use illustrations**

To illustrate is really another method of showing. For instruction purposes, we can think of each illustration as charts, diagrams, blueprints, sketches, etc. Illustrations are helpful because they do not leave too much to the new employee's imagination. However, **make sure the man is able to translate your illustrations into the actual conditions.**

4. **Ask questions.**

Go through the job again, perhaps more slowly, one step at a time, explaining each key point more briefly. Then, after each step, stop and ask him for questions. Make sure that he thoroughly understands by questioning him. If necessary, repeat the step and explain and again question. You might want to ask questions about such items as quality standards, the importance of the key points, and "knack" or "skill" that you have illustrated, or perhaps safety precautions. Asking is an instruction tool which is useful throughout the entire instruction process, if it is used properly.

Some additional values of asking are:

a. It can be used in preparing the learner.

b. It can be used in helping him think through the logical steps of his new job -- very important in good instruction.

c. It can be used in checking his grasp of the instruction.

d. Well-selected questions keep the learner's mind active and concentrated on what is being taught.

e. It heightens the learner's interest and stimulates confidence by letting him show his own knowledge.

In asking your questions, be sure they are framed so that a "yes" or "no" answer cannot be given. Questions which begin with such words as "what", "who", "when", "where", "how", and "why" cannot be answered in this fashion.

The presentation step of good job instruction *(page 22)* is your most important step. It is the step you must perform best to present new ideas, facts, and methods. This step, if performed right by you, will teach him to do a job correctly, quickly, and conscientiously.

It may take a little longer than usual telling and showing, but it will save you time and money in the long run.

People learn at different rates of speed. They can only digest a few things at a time. If you pass on information at a rate beyond their ability, they become confused and lose confidence that they can learn the job.

Step 3 Tryout

You know, of course that no instruction by telling and showing is complete. until the man actually does the job himself, he will not know how to do it. It is in this tryout stage of job instruction that you start the learner applying knowledge and skill under observation of the instructor. This step is necessary before he should be permitted to go ahead on his own.

Step 4 Follow-up

This is just as important as any other part of your instructional task. In some ways, it's more important, because if follow-up is not undertaken, all the other work you have done may be wasted effort. **Follow-up is a way to encourage the man to keep on learning,** even after he has mastered the fundamentals.

Summary

Use these job instruction principles. If they are carefully followed, you'll be surprised at the ease and speed with which beginners can learn the job. Although we have emphasized the supervisor's responsibility to the new worker, you will also find that **these same methods will aid experienced personnel** to improve their knowledge, skills, and productivity.

A few additional words on situations you may encounter:

Variations on the Basics

Many variations of these basic principles are required to apply them to specific training situations. For example, there is the **new worker,** perhaps directly from school, with little or no previous experience. This kind of worker needs to be instructed in even the simplest work.

Supervisors often throw up their hands in despair at the task of training a greenhorn, and yet if done well, it can create a truly productive and highly motivated worker, one who can form the basis for a very effective unit.

Then there is the **transferred worker.** These workers have skills acquired elsewhere or under different circumstances. They now must learn newways for performing the work.The difficulty is that they have developed habit patterns which must now be erased, and new patterns of action must be overlaid upon this foundation.

They must be taught to discard the old, easy, habitual ways and embark on new, difficult, and, to them, untried methods. Supervisors who have to retrain these workers know that they must be very patient while giving instruction, must stress the importance of doing the job in this certain way, and then must follow up very carefully, especially at the outset, to insure that the new "learner" does not fall back into the older habits.

Finally, there is the **present worker**. Nowadays, the term is applied more specifically to the worker who performs most of his work satisfactorily but who needs to be brushed up in certain phases of it. The difficulty is that in trying to raise the standards of a part of the worker's performance, the supervisor may do something to destroy performance in those parts of the job which the worker is presently performing satisfactorily.

Judgement

Another problem is training in judgement. Many jobs involve the use of discretion, and the supervisor cannot be sure he has instructed properly until he has given the worker the ability to make correct decisions. Judgement tasks involve choosing between alternatives. The best way is to isolate the elements of any decision into its simplest, most basic components and then weigh the "pros" and "cons" in terms of their result upon the purpose of the task.

A broader application of judgement is in the area of interpretation. Here, a worker must be trained to look for and identify the principal features of a case, to check it against some larger body of knowledge, such as prior decisions, agency policy, etc., and then come up with a decision.

The interpretation process seems complicated, and it takes a long time to learn all the possible variations of the game, but old-line workers who have been through it say that there's nothing really new about it all.

When the supervisor/trainer finishes orienting the worker/learner to policy, prior decisions, and reference materials, his instructional job has been accomplished provided that the learner/worker was selected with the requisite ability in the first place.

The Effective Trainer

Everyone is interested in becoming a more effective trainer. Here are some suggested general characteristics of effective trainers in the approximate order of priority:

Desire to Help

Needs genuine motivation for helping people learn

Reasonable "Comfortableness"

Secure enough to try out new things

Needs to like himself as a person

Is comfortable with others

Is reasonably able to cope with new situations without getting upset

Understanding of the Training Process

A good trainer has a reasonably clear picture of how people can learn in the inductive, experience-centered way.

Openness to Change

The trainer's role requires "sensitive use of self."

The prospective trainer must be willing to look at himself; questions things he does and has always taken for granted. The training process attempts to effect change. Therefore the trainer must demonstrate model before the group positive openness to change.

Role Flexibility

A good trainer notices things in the group situation. He picks up what is going on, can see objectively and accurately what is happening. If he has not learned this sensitivity, it will be difficult for him to help members develop it.

Methodical Knowledge

For effectiveness, the trainer needs to have a good repertoire of methods for learning.

Being Seen as Helpful

The trainer must be seen by the members of the training group as being potentially *(and actually)* able to help them learn. Without acceptance of one's trainership by group members, little learning is possible.

Formal and Practical Knowledge About Groups *(see what to look for in groups on page 49)*

It helps if the trainer knows something about group dynamics as an area of social psychology and is comfortable with concepts in this area.

THE TRAINING PROCESS

How To Assess Training Needs

In order to present an effective inservice program which meets the needs of participants, the trainer must first assess *(identify)* what knowledge and skills are needed by the staff to do a better job.

In assessing needs, the trainer who will design the program meets with those who will attend and with others who are familiar with the training situation *(e.g., supervisors)*. His purpose is to gather information which will enable him to tailor the training to fit the needs of the participants.

Certain data must be gathered in order to define the limits and goals of the training.

1. How To Learn What The Employee Needs To Know

Specify what the worker needs to know or be able to do to perform well on the job. This means describing the worker in terms of the duties and tasks he is responsible for, and the knowledge and skills he needs to do them.

A. **Job Descriptions** -- It is obvious that accurate job descriptions are a good source of information about what those to be trained need to be able to do. They indicate, in general, the kind of knowledge, skills and attitudes needed for the job. They are helpful as a guide in planning Needs Assessment Meetings, Interviews, or Group Sessions. *(It may be useful in some Needs Assessments to ask participants who already have experience to give the kind of detail job descriptions often leave out.)* Check this preliminary information with supervisors and experienced workers.

B. **Questionnaires** -- Two kinds of circumstances may suggest use of questionnaires, which should always be kept as short and simple as possible:

(1) When participants cannot meet for the Needs Assessment and it must be done by mail a model questionnaire designed for such unusual circumstances is very comprehensive. *(See Appendix -- page)*

(2) During a Needs Assessment, when time prohibits individual interviews or the trainer feels that he is not getting information he needs verbally, questionnaires may be written. Used this way, questionnaires can be checked by the trainer and immediately talked over with those who fill them out: but anonymity must be protected if the information you seek is sensitive *(if you ask about participants skills or attitudes, etc.)*.

Problems With Questionnaires

Any questionnaire is dependent on the user's ability to read and express himself clearly in writing. There is also the problem of interpreting what is written. The amount of information you can obtain, and the accuracy of it, are very limited.

C. **Observation** -- It is often useful to observe participants on the job, in staff meetings, in the field, etc. This should only be done, however, when your role as trainer is clear to those you observe and they do not regard your activities as evaluative and threatening. Make a list of the kinds of situations the worker must deal with, problems that arise and duties performed on a typical day.

II. How To Learn How Much The Worker Already Knows

Determine levels of knowledge and skills the trainees have at the start of training. This means discovering the "starting points". If the trainer underestimates the participants, he will bore them. If he overestimates, he will confuse them. The Needs Assessment is an opportunity to discover how much the participants already know, what they need to have reinforced, what they need to "unlearn" and what new territory will need special attention.

A. **To Assess Levels of Knowledge** -- Testing is a useful way to determine how much accurate information participants have about a specific subject. Pre-tests may be designed for different levels of education and experience. *(examples of pre- and post tests may be found in the appendix on pages A60-62)*.

Pre-test One, for new paraprofessionals with neither prior experience in nursing or knowledge of procedures uses simple language requiring roughly an 8th grade reading level. It could also be given verbally by the trainer during individual interviews when the reading and writing ability of the trainees is expected to be low.

Pre-text Two, for experienced personnel, reviews and reinforces previous learning.

These texts can also be used after training *(post-test)* as an evaluative tool:

B. To Assess Levels of Understanding -- To assess levels of insight/understanding -- Several procedures will demonstrate the ability to analyze and solve problems related to the job.

Role Play/Demonstration -- Each trainee is assigned a particular part to play in a typical work-related problem, or to observe and discuss the behavior of role-players.

Critical Incident Questionnaire/Group Discussion -- Describes a typical job situation that presents a realistic problem. The trainees work out a solution. An informal group discussion can be useful in analyzing solutions and can determine the level of communication and agreement on group issues among participants.

C. To Assess Levels of Skill -- Try to have trainees demonstrate the skill and have other trainees and a panel of "experts" rate the performance. If this is not possible, talk to supervisors and others who have observed the trainees performance.

III. How To Learn What Trainees Want From The Training

Determine specifically what the trainees need or want to gain from the training. This step should accomplished as much as possible by trainees themselves. Practically, as trainer and trainees go through Number II, they should become aware of the differences between present levels of performance and what they'll need to do the job well.

A. Individual Interviews -- Regardless of any other procedures you use, talking with each potential trainee or as many as time allows, is always a good idea. It is often the best way to learn details about them or their jobs that do not surface in group discussions.

Know what you want to learn and how to ask for such information. Model interview forms *(see Appendix pageA-11)*suggest the kinds of questions a trainer may ask. One form is for interviewing new paraprofessionals, a second form is for talking with experienced staff. The specific facility, location, operation, history, etc. will suggest additional questions.

B. Group Interviews -- An informal group discussion can be useful when time prohibits individual interviews.

C. Group Sessions -- These differ from informal group interviews. They are structured meetings employing a variety of activities a trainer uses to discover and articulate their needs.

Ordinarily, they begin with a listing and clarification of goals or problems and proceed to a discussion of the training needs suggested by them. The series of exercises will need to be adapted and make relevant to the training group with whom the trainer is working. Such sessions are particularly useful where the participants are relatively unknown to each other, or unfamiliar with the inservice training format.

D. Trainee Involvement -- People are more likely to commit themselves to a goal they've had a hand in determining. In most cases, attendance at a training program is involuntary; participants come because they are instructed or "expected" to. They may have misconceptions about the training or misgivings about agency changes that will follow training. At best, they

come with an open mind but a passive attitude about what is taking place. An assessment meeting gives them an opportunity to determine what will take place, stimulates them to think about improvements that can be made through the program. The Needs Assessment tends to raise the "level of readiness" and to insure greater participation. This will be time-consuming, but will produce the greatest learning and strongest commitment. And don't forget to talk with the supervisors and others the trainees work with. The more involved the total staff of the home is in understanding what the inservice program is and in making the program work, the better the results will be.

A typical Needs Assessment may take anywhere from an hour to one through three days. It may include all the methods listed here, and possible others that a creative trainer finds useful for his purpose. There is no model format. In general, the shorter the time available, the more important it is to plan carefully the process of assessing needs.

Needs Assessment is a constant process. During delivery of training, new needs arising will prompt certain revisions. Following the program, some new *(or old)* needs continue to require identification and handling.

IV. Summary

Needs Assessment is closely related to Evaluation. Needs Assessment probes "Where are we now? Where do we go from here?" While Evaluation examines "Where are we now?" Is this where we wanted or planned to be?"

INSERVICE TRAINING? I'M TOO BUSY TAKING CARE OF ALL THE OTHER JOBS AROUND HERE TO BOTHER!

VI HOW DO YOU SET PRIORITIES?

All too often in a nursing home, the nature of the institution itself dictates that priorities reflect not thoughtful and careful planning, but rather a reflexive response to crisis. Where crises are the rule of daily life, establishing priorities becomes a futile exercise, and the words "priority" and "plan" become meaningless concepts.

Yet it takes no more than common sense to appreciate that there are crises -- and "crises". The Inservice Educator must ask herself: what kind of crisis should actually be permitted to disrupt plans and programs and schedules?

In the face of the many pressures in the home -- perhaps even from the administrator -- how do the coordinator and the program committee protect the integrity of their plan/schedule? In large measure, this will depend on: a) the involvement of as many people as possible in planning, through consultation if not as part of the committee; and b) the development of a set of valid criteria for program selections.

In general, we all know these criteria: first and foremost, the care of patients; then the special problems of the home, the needs of the staff, code requirements, relations with patients' families and with the community. But against this general background it might be helpful to ask some specific questions, whenever a "crisis" appears on the horizon:

* *How many patients are affected by it?*
* *Is it serious for those involved, in terms of health?*
* *What will be the effect of not dealing with it immediately?*
* *How much time/money/effort will be required to deal with it?*
* *Does the staff feel disproportionately affected by it?*
* *What will adjusting to meet the crisis do to the home's long-range planning, its long-term goals?*

Now all questions can be anticipated. There are many problems and crises, however, which can virtually be predicted, which can be **expected** to happen. If you can think ahead and plan ahead, many of the problems you expect to occur -- **won't.**[1]

VII HOW DO YOU CHOOSE A TOPIC?

The choice of topics should be treated as a **problem to be solved.**

In the problem-solving approach, the first step involves asking questions: What are the problem areas in the home? Why do such problems exist? What problem is most important to the home's program? Most urgent? Affects the greatest number of patients? Of staff members? Who is suggesting/requesting that a topic be scheduled? How can inservice education prove useful?

Once you have begun to ask questions, the problem of programming no longer feels like a bowling-ball without finger-holes: you now have a way to pick it up, to begin.

If you have been designated to be coordinator, and this is your responsibility, don't wait for formal sessions of the committee to ask question. It's a good technique for involving others and making them **care** about your inservice program, if you ask them questions -- supervisors, aides, RN's, everyone. Don't ask only what they would like to see in the course; ask all of the questions. And use your eyes as well as your ears: as you get around on the floors, check out the suggestions for yourself, see for yourself what the problems are, what can be taught/learned.

When you've made your judgement on the subject area and the general topic, you can then begin to analyze the specific learning need. Once again you ask question, of yourself as well as others: how do I approach this? who is affected? what part of the problem is basic, underlying all the other aspects of the subject? What are the components? Which can be left for later?

For example: if the general subject is the application of dressings, component and related areas would be: skin care, aseptic techniques, the various types of dressing -- for diabetics, amputees, other, psychological problems, and so on. Ask: Which area is the problem? Which is most urgent? Which must be dealt with first?

What your questions will do, you will find, is to break one big insoluble problem into a number of little soluble ones.

And keep things small, especially at the beginning. Don't schedule too far in advance, for instance: new problems may appear, others lose their importance. "The" speaker may not be available; a visiting expert may be around for a short time only.

Be flexible. Be particularly sensitive to the reactions of your participants, to make sure the sessions are effective, are reaching them and teaching them. Think about what they're thinking about.[2]

VIII HOW TO WRITE OBJECTIVES FOR THE TRAINING SESSION

After the initial assessing of training needs, the development of the specific program translates these needs into objectives, on which a general training plan is constructed. From this the necessary training sessions are designed and resources are organized for the actual delivery of training. These phases will be detailed step by step.

Formulate Specific Objectives

The power of training to reduce or resolve an nursing home's problems is often overestimated. It is the trainer's responsibility to make it clear that training is not the only solution or sometimes the most appropriate one. Some problems revealed in Needs Assessment can be alleviated by a change in procedures, a redefinition of policy, a reorganization of staff or the like.

Recognize Appropriate Needs

It is important that the trainer determine which needs can best be met through training. An appropriate need is one which:

a majority of the group requests;

can best be met in a participatory group setting;

deals with a desired change in skill level, factual knowledge, and/or attitudes,

is job-related on an individual, departmental or organizational level.

Write Training Objectives -- General Purpose and Specific

Each need is translated into a written statement which clearly indicates what is to be accomplished in training. This is called a training objective. Written objectives provide the guideline which determines the training session. Generally, each need will produce at least one training objective, and each training objective will describe the purpose of one training session.

To begin first start with a statement of general purpose. It is written from the trainer's point of view, stating what the expects to do or hopes to accomplish. For instance, where trainees need a better understanding of the female aging process, a general statement of purpose would be simply stated: **To increase the trainees' knowledge of the female aging process.**

Next, divide this general statement of purpose into a series of specific objectives. These are written in terms of the **anticipated change** which will be observed in the trainees' behaviour. Such specific objectives are very useful in providing a specific focus to the training and serving as an

evaluation tool *(At the end of the training session, was the specific objective accomplished?).* Whatever difficulty is involved in writing objectives is well worth the effort and is generally a matter of breaking the general into components, in the following way:

Q. ***What** will the trainees be able to do after training?*

A. The trainees will be able to **describe the aging process.**

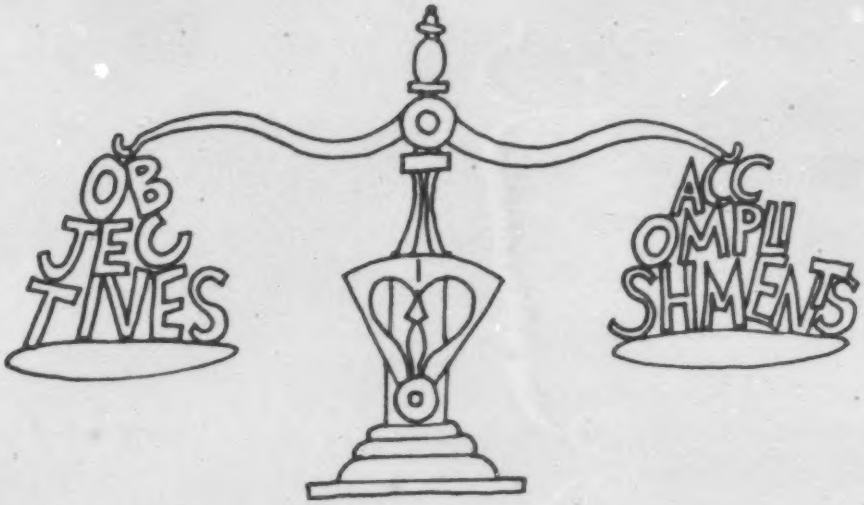
Q. **How well** will they be able to do it? By what standard of measurement can I evaluate "how well"? What is the minimum acceptable level of achievement? *(This should be a quantifiable standard, usually a number.).*

A. They will be able to identify and describe the effects of aging on **at least five** organs in the body.

Q. Under what **conditions** will they be able to do it?

A. **Given a diagram of the body,** and **without the aid of notes.**

The three components together would give a **specific objective** which might be stated: At the end of the training session, the trainee will be able to: **Given a diagram of the body, to describe the effects of aging upon a least five organs of the body, without the aid of the notes.** Remember: (1) What will trainees be able to do at the end of the session *(identify, describe, etc.)*; (2) How well will they be able to do it *(set an observable, quantifiable measure)* and; (3) Under what conditions *(with notes, without notes, by demonstrating, etc.).*



Writing at least one specific objective for each training session helps the trainer to:

focus on the actual needs expressed by the trainees -- a specific objective is more apt to be based on the trainees' proficiency level, insuring a program built on their skills and knowledge rather than covering standard material.

develop and implement the actual training -- the design for delivering the training will flow from the stated objectives and provide concrete guidelines for what needs to be included in the delivery.

provide a basis for evaluation -- a goal written in terms of the trainer makes the impact on the trainees difficult to measure. However, an objective written in terms of specific trainee behavior can be measured either by testing or observation to ascertain whether it has been met. Such evaluation serves as an indication of what can be covered in subsequent sessions.

The purpose of some sessions may be very difficult to state in behavioral terms. For instance, introductory and orientation sessions and those dealing with attitudes of one kind or another. But every session should have a general statement of purpose.

Summary

Writing trainee objectives should help a trainer specifically in planning and evaluating a program. Ask yourself:

Are objectives based on real needs?

Are objectives specific? Written in terms of what the trainees will be able to do after training?

Are objectives realistic in terms of time? Don't try to cover more than one objective in a 30 minute inservice program. In terms of trainee level prior to training?

Are objectives measurable? Will it be possible to determine if objectives are met?

EXAMPLE

Statement of Training Need: A number of patients in the home have stiffening of the joints, staff is not performing the simple rehab exercises necessary to prevent this.

Purpose of Session: To teach staff members simple rehab exercises.

Objectives: At the end of the Training session, the trainees will be able to:

(1) **demonstrate** how to do **at least six range of motion exercises for hand and arm, without the aid of notes.**

What:	Demonstrate range of motion exercises for hand and arm
Standard of Measurement:	At least six.
Under What Conditions:	Without the aid of notes.

IX HOW TO CONSTRUCT THE TRAINING PLAN

Our task is to design a sequence of activities and events -- lecturettes, group discussion, reading, field trips, supervised practices, etc. -- which will accomplish the training objectives.

Starting Point of Activities

The first activities of a training program should be directed at responding to the most pressing felt needs of the participants, rather than the needs of the home or the abstractly conceived "basics".

For example, an orientation course for new nursing assistants might begin with observation assignments in the company of experienced workers, rather than with an explanation of the organizational structure of the home.

Order of Activities

Learning activities are best grouped according to problem areas or tasks, and sequenced to reflect the direction of inquiry taken most naturally by those involved in the problem or learning the task.

For example, organizing interviewing sessions into "Basic Principles of Interviewing". "Interviewing and Communication Theory", and "Advanced Interviewing Techniques" does not reflect the trainees concerns as well as "Preparing for an Interview", "Communicating During an Interview", and "Filling Out Medical and Social History Forms".

Variety of Activities

Variety makes a general training plan more interesting. It is largely a matter of change of focus: from activities centered on knowledge or information to those centered on skill: from "heavy" and threatening issues to less controversial *(though important)* ones; from small group participatory activities to large group discussions or films, etc.

Practical Considerations

Individual circumstances of the training situation dictate several practical considerations to keep in mind when out-lining a general plan. In most cases, they would include such things as the following:

How much total time is available for the training program

How often and how long participants can be released

Personal schedules of consultants, trainers, trainees

Need to provide time for participants to practice skills on the job

How often and for how long training facilities are available

Transportation requirements (if any)

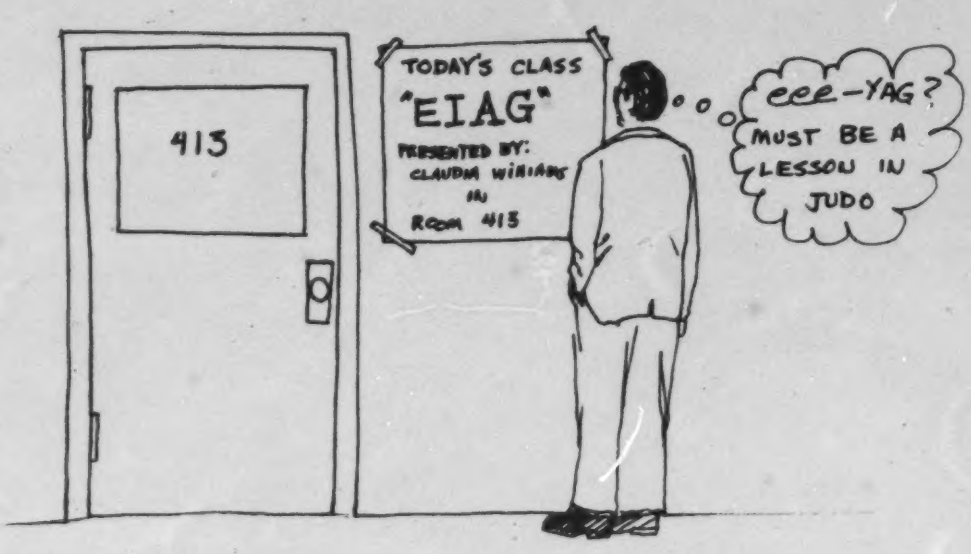
Available funds for materials, salaries, renting facilities, food, etc.

Periods that trainees and trainers might continue without becoming fatigued (varies by groups)

In constructing the training plan, (1) state the general purpose of the program, (2) list the specific objectives, (3) describe the curriculum or areas of concentration, and (4) include the schedule.

X HOW TO DESIGN A LESSON PLAN

Planning in detail each day or session *(developing a lesson plan)* completes the design process. Much of this may be accomplished in constructing the general plan for the program. Often, in fact, it will not be possible to complete an overall plan without filling in some details. The less experienced trainer, however, will find it easier at the outset to consider the two steps separately.



The E-I-A-G Process: A training design is an attempt to plan a group's behavior in order to help them learn something. The basic model for the design of most training sessions in the E-I-A-G principle *(pronounced ee-yag)*, which consists of four stages:

E **Experience:**

People learn best by doing. The first step should be something that relates something they have done with what they want to learn. A good place to start a program of training to teach might be to recall experiences as students - or a training session to try out certain tasks they'll be expected to perform on the job. For example, how to interview might begin by interviewing each other *(role playing)*, or by watching an interview in front of the group.

I **Identify:**

Identify or look at the elements in what happened. We may notice only one or two things ourselves, but many things happen at once. Identifying the behaviors, ideas,

feelings is to be sure that as much as possible is noticed about the experience and examined by group members. For instance, in learning how to interview, two participants might begin by trying short *(5-10 minute)* practice tries in small groups. The interview is the "experience" part of the training plan. In "identifying" everything that happened during the interview, one person may notice the hesitancy in asking questions. Someone else may notice how the two people didn't look at each other. Others will see, feel, hear, and notice other elements. Everything noticed is mentioned.

A. Analyze:

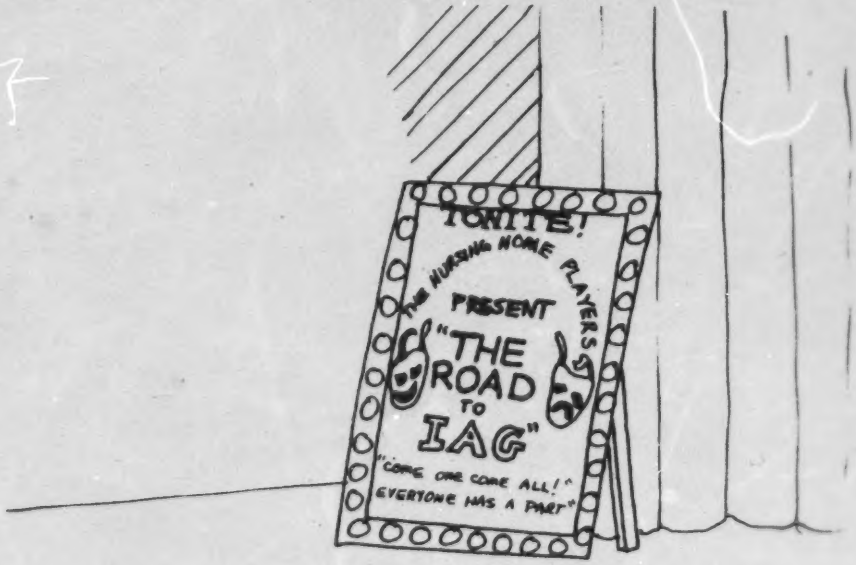
Analyze or think about **why** things happened as they did. Try to discover causes and forces.....why the interviewer acted as he did, what effect that had on the interviewee, why two people didn't look at each other, why insufficient information was obtained from the interview, etc.

G. Generalize:

Generalize or apply what is observed in a specific situation to a general understanding. Consider how to act in the future, and what learning from this experience can be applied on the job.

What we do naturally in "learning from experience" provides an excellent model for designing an effective training event. So training groups have a tendency to move quickly through the stages. It is very important that both the trainer and the group understand that people learn only when they take time to thoroughly identify and analyze experience.

Usually, AT LEAST TWICE AS MUCH TIME should be allotted to the I-A-G steps as is provided by the experience. If the practice discussion *(experience)* takes ten minutes, the identify-analyze-generalize steps should occupy at least twenty minutes.



What't Right For Your Group?

To know what is appropriate and meaningful for your audience, and how to reach them, you must **know your audience.**

In smaller homes, that may not be a problem. You may deal with all of the inservice participants nearly every day, know more or less how much they know, what kind of learning experience would be valid and meaningful for them.

But to assess your audience level in a larger home, when you don't know all the participants well, there are some questions to ask:

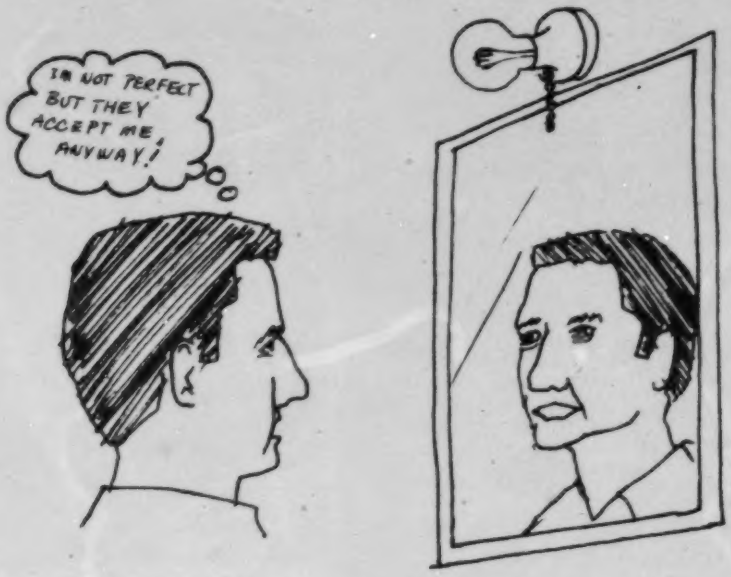
> *Are the participants going to be professional staff, aides, porters, a mix? Are part-time staff included?*
>
> *How much difference is there in educational levels?*
>
> *Are there varying cultural backgrounds? Is language a problem? Will I need to rely more heavily on non-verbal communication -- demonstration, graphics? (In one home, inservice education had to wait until a large number of participants took a basic English course.)*
>
> *Are there special topics/subjects participants want to know about? Have they been involved in planning? In choosing?*
>
> *With regard to specific topics, how much do they know? How much do they mis-know? Will they have to be persuaded that what is to be taught is worth knowing?*

To some extent, it is possible to determine your audience level in advance of the sessions, to explore their backgrounds and interests. You get the answers from talking to supervisors, from the personnel records, from written questionnaires, perhaps.

From talking to the participants yourself, if you can. Possibly in the lunchroom over a cup of coffee. In the locker room. Wherever. People will tell you -- and with greater frankness the better they get to know you -- their likes and dislikes, their interests and expectations, something about their feelings.

But you may **really** get to know your audience, your participatns, only after the inservice sessions start. It is then that you listen to the questions and the comments. You keep a sharp eye out for the symptoms of boredom, or for responses, signs of interest. You seek out "feedback" informally; but you also structure into each session some elements of more formal feedback/evaluation. *(But you should then try to show that you are responding to these evaluations in subsequent sessions, so that your participants will recognize that you value their opinions.)*

If you do involve them, if you can turn passive participants into active participants, you may find that your audience will rise above its level. They'll get more out of the sessions than you ever expected.[3]



How To Deal With Training Participants Who Have Different Levels Of Skills And Knowledge

No training group will consist of participants with the same degree of knowledge and/or skills. The following are some helpful hints you may find useful.

If you have a speaker who will be giving a presentation to RN's, LPN's, and Nursing Assistants; first be certain that he knows the varied nature of the group, and ask him to define medical terms as he uses them. Second, review his presentation with him prior to the inservice session. Third, prior to the session review with the nursing assistants, important terms that you think will be discussed. This should be done in as informal a manner as possible, and only important terms should be reviewed. Our purpose is to provide knowledge to staff so they will not be left out. Our purpose is not to make anyone feel stupid.

In making a presentation yourself beware of using "jargon" only a few people understand. Try to build in time periods where everyone is doing something. Try to set an atmosphere where everyone feels comfortable asking questions.

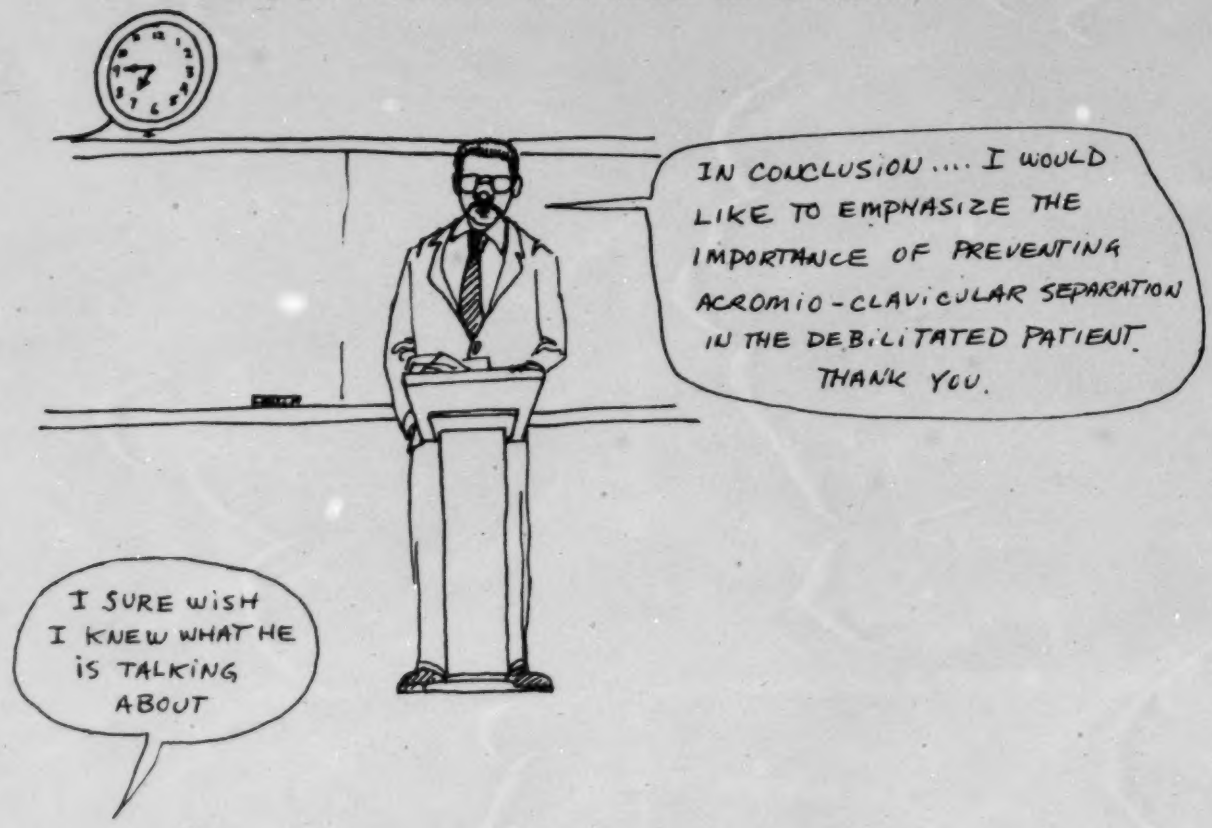
How Do You Choose A Method?

Once you've been able to decide what your participants should know, or be able to do, or feel, when the session is over, you are ready, in line with the problem-solving approach, to ask yourself the next questions:

> *What is the best way to teach a skill? A film, a speaker, a demonstration, slides, a group discussion, a combination of more than one method, perhaps a demonstration with a*

running commentary? Suppose there is more than one good method, which is best for this particular skill?

Suppose you hope to change attitudes. There are all the above methods available, plus others -- a tape recording, slides, a panel of experts, printed materials, exhibit material. How do you choose from such wealth? Ask more questions: How are people's attitudes changed? If people really change their own attitudes, how do I best involve them in changing their attitudes? Which method will do that?


IN CONCLUSION .... I WOULD LIKE TO EMPHASIZE THE IMPORTANCE OF PREVENTING ACROMIO-CLAVICULAR SEPARATION IN THE DEBILITATED PATIENT. THANK YOU.
I SURE WISH I KNEW WHAT HE IS TALKING ABOUT

Sometimes the choice among several equally possible methods will hinge on a special circumstance in the home, sometimes on practical considerations. You may need to compromise: even if a speaker is better for a topic than a film, what if your final choice is between a good film and a bad speaker?

Be flexible. Adapt. You want very much to do a session on diet therapy -- but the dietician is afraid ot get up before an audience. Would she be more comfortable as part of a panel, with a doctor, a nurse, perhaps a patient?

An important local physician likes to speak to the staff each year, but it is always on his "pet" disease. He must be invited as part of your inservice course; but you know that he is also knowledgeable in a number of other areas. Question: can he be persuaded to talk this year about what you're interested in, rather than about what he's interested in?

You will find in the appendix a number of examples of training activities, use of training aids, and sample designs matching method to topic. They are not intended as models; they are designed less to illustrate than to stimulate. The questions you should ask yourself about these examples:

Why did they choose this method?

What other methods were possible/available?

Would my choice have been the same -- for my audience?

LESSON PLAN FORMATS

FORMAT NO. 1

Date: 1 February 1974

Time: 2:30 p - 3:00 p

Place: Staff Lounge

Purpose of Session: To teach staff members rehab exercises

Objective(s): At the end of the training session, the trainees will be able to demonstrate how to do at least six range of motion exercises for the hand and arm, without the aid of notes.

TIME	TOPIC	METHOD	MATERIALS
2:30 p – 2:35	Introduction to Rehab Exercises	Lecture - the trainer will explain the purpose of Rehab exercises	"Simple Exercises For the Elderly" (Booklet)
2:35-2:45	Range of Motion arm and hand	Trainer will demonstrate (using a participant) range of motion exercise for hand and arm	
2:45-2:55	Range of Motion arm and hand	Trainees will be divided into pairs to practice range of motion exercises for hand and arm (5 minutes practice for each trainee). Trainer will observe answer any questions and demonstrate again when appropriate	
2:55-3:00	Evaluation	Trainer and trainees will review the session. Trainees will give oral evaluation of the session.	

Attendance List and Job Title

FORMAT NO. 2 *(See additional examples in Appendix)*

I. Topic _____

Identified Problem: _____

Chosen Methods: _____

Planning: _____

II. Lesson Plan Outline _____

Date _____

Time _____

Place _____

Subject _____

Speaker _____

Additional Resources _____

_____

Attending _____

_____

Materials To Be Available _____

Objective Of The Session _____

_____

Feedback (evaluation) _____

Summary -- Details for an explicit session design *(lesson plan)* cover the following:

A. Study the objective *(in some cases, it may be more than one)* until it is clear what you wish the group to learn.

B. Make an outline, a simple chronological listing of events that will take place in the session.

C. Expand the outline to cover important points to be made in meeting the objective. Estimate times for events, allowing for introduction to the session, coffee breaks, if needed, and always a summary at the end.

D. Practice presenting the session, if possible, and revise or improve the design where necessary.

E. Be sure to maintain a file of your lesson plans -- there should be many parts of a lesson plan you will use again.

XI WHAT DID YOU FORGET?

If you've run inservice sessions before, or other programs, you can probably skip this page. Or throw it away. Even if you're serving as coordinator for the first time, you may not need to look at it after the first couple of sessions.

On the other hand, if you're busy, a checklist may be useful. There's one big thing on it, and ten little things.

One Big Thing:

Either when you invite your speaker, or a week to ten days before the session, discuss with your speaker, preferable face-to-face, what he is going to talk about. Indicate to him your objectives for the session, what you want people to know. Make him aware of any special language or other problems. Give him the details on time, place, length of presentation, what other resources you suggest *(and ask if he wants any others available).* Check with him on what he will expect of you. Let him know the size of your group, whether they're professionals, aides, a mixed group. If this is part of a unit, indicate which topics have been covered/are to be covered by others, what your people already know about the topic. Follow up with **written** confirmation.

Ten Little Things:

1) Check with your speaker again the day before your session, just in case.
2) If other resource people are to be present, remind them too.
3) Did you reserve the room in advance? Is it still available?
4) The day of the session, check the room: is it clean, lighted, set up the way you need it *(for a film, a demonstration)*; are there enough chairs? If it needs to be unlocked, where's the key?
5) If the projector, tape recorder, or other equipment there, and in good working order?
6) Have you previewed the film/videotape to make sure it's suitable for your group? Have you checked that this print is not torn? That it's not too scratched? That it's not backward on the reel?
7) Will there be someone there who knows how to run the projector?
8) Are your other materials ready? Brochures, photos, diagrams, charts? Were you going to prepare an outline? A lesson plan?
9) If you are going to be teaching/leading the session, or part of it, are you prepared?
10) Have you reminded your participants and their supervisors about the time and place of the session?[5]

XII USE OF PERSONNEL WITHIN THE NURSING HOME FOR TRAINING AND FOLLOW–UP

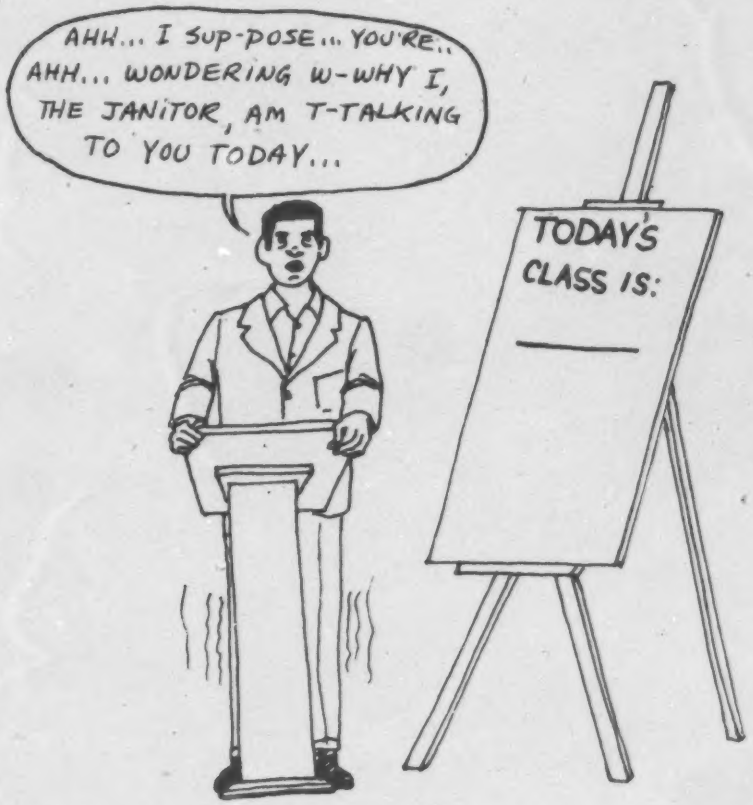
Often our most valuable training and follow-up resources remain undiscovered -- our own staff.

Inservice education should not merely be a process of bringing consultants into the home. It is often helpful to have a staff member from another unit -- a member of the housekeeping staff, for example -- discuss with other staff their duties, responsibilities and problems, in order to build a better team in the home.

Sometimes a good nursing assistant or L.P.N. can show others how a task should be performed -- better than the inservice trainer. Be sure and give them plenty of time to prepare and check to see how they are coming along.

The inservice trainer should work with other staff in assisting them to develop the brief training program -- just as he/she would work with an outside consultant.

For follow-up, all staff members are invaluable. If they have participated in the needs assessment, understand the objectives of the training and understand what is being taught they *(the supervisor or fellow worker)* can provide follow-up and evaluate the results.



Each trainer must find his own "style", his own way of behaving with a group. If he is uncomfortable himself, this will be communicated to the group and will influence the climate. It may help to remember that training is a shared experience. Behave in ways that demonstrate this for the group. Support people who try things out. If someone becomes critical or ignores the feelings of other people, describe what you see happening. Explain your concern about its effect on the climate. Don't criticize people who criticize; your behavior will contradict your words.

Guidelines For The Trainer's Role

1. Give your own opinions and feelings. Be a person. Let people realize that you feel a part of the group and that you care about their problems.

2. See yourself as a resource person, a helper rather than the leader or key person. The people have to go back to their jobs and function without you. If you become dominant they won't be capable of applying what was learned to their own situation. Avoid over-directing the group.....speaking before other group members have collected their thoughts.....commenting excessively.

3. Flow with the group. Let members have as many chances as they can to experience success. Identifying, Analyzing and Generalizing improve their skills. The more EIAG-ing they do, the more they will carry this way of looking at and improving performance of their jobs.

4. Respond to situations as they arise. Your feelings are your best guide. Trust your own ideas and do what seems right at the time. Later, go back over what happened to figure out why, or what else you could have done. You are a learner, too.

5. Watch what is going on and try to understand it, even while you are participating. Mentally step back and try to view the session as it progresses, including your behavior and feelings. You may spot something *(or someone)* blocking people from learning. Keep an eye on the climate. Watch for what subjects come up again and again.....who talks and who doesn't at different times.....how people sit, what their faces express, what their hand motions mean.....how much people really listen to each other and the trainer.....how the group as a whole makes decisions and solves problems.

In general, concentrate on what happens and how it happens, rather than on judging what is happening.

Two Important Skills

Among the many skills and attitudes a trainer needs to deliver a program successfully, two especially stand out:

THE ABILITY TO KEEP ACTIONS AND WORDS CONGRUENT

When what a trainer does is in harmony with what he says, his actions and words are congruent. Words communicate, but so does behavior. If actions contradict what is said, actions communicate the stronger message and words will be ignored. Consider for example, a speaker lecturing for forty-five minutes on the value of group discussion to enhance learning.

It is extremely difficult to be congruent. Keeping actions in harmony with words requires that we be continually aware of what our behavior is communicating. It is difficult to do this alone -- one reason why trainers often work in teams. A trainer's awareness of his behavior and how he is perceived by others can serve as a useful model to help participants become more aware of their behavior and its effect on others.

THE ABILITY TO USE WHATEVER HAPPENS IN A SESSION, THOUGH IT MAY BE DIFFERENT FROM WHAT IS EXPECTED.

Many trainers fall into the trap of expecting very specific things to happen at certain times -- they provide the group with a certain experience, they come to expect things to happen a certain way, and therefore expect that certain very specific ideas or concepts will be learned. When the unexpected happens, and the group does not act as it was expected to, such trainers may become anxious and try to force things with the group. This is saying, in effect, "what you are getting out of this experience is not what you should.....you were supposed to learn this instead."

A trainer doing this is stepping out of his role and is taking responsibility for learning away from the participants. His role is to help provide experiences, help analyze what happened, help those taking part in learning, whatever shape it may take. He is there to help participants gain their own insights, not to tell them what experiences mean *(or should mean)*.

When unexpected data is generated there is a cause and a reason. At these times a co-trainer can be helpful. Because he is not involved immediately in the exercise, the co-trainer can be more objective, less defensive and better able to look at what has happened. Helping people learn from the unexpected is a particularly rich and valuable learning experience, and a mutual one.

Summary Delivery of Training

The trainer must find his own "style".

The trainer generally concentrates on what happens and how it happens, rather than on judging what is happening.

Two particular skills needed are:

The ability to keep action and words congruent.

The ability to use whatever happens in a session even if different from expectations.

HOW ADULTS LEARN

Modern adult education is based on a number of observations by prominent educators on how adults learn best. There are certain characteristics of adults which distinguish their learning process from that of children. These characteristics have important implications for adult training programs.

Self Concept

Psychologically, an adult is one who can make decisions and is responsible for himself. Adults see themselves as independent personalities capable of deciding what they need and what to do to satisfy their needs. They tend to resist learning in "classroom" situations like those of childhood.

Ideas that prevailed when today's adults were school children cast youths as "essentially dependent persons". They expected that most of the important decisions affecting their lives would be made for them by adults. They entered into educational activity accordingly, with the idea that their role was more or less passive, receiving the information adults decided they should have.[6] Though a young learner might be unhappy about particular impositions of the "teacher's" will on him, he eventually accepts because he considers himself a basically dependent person.

"Adults have a deep psychological need to be treated with respect, to be perceived as having the ability to run their own lives. They tend to avoid, resist and resent being placed in situations in which they feel they are treated like children -- told what to do and what not to do, talked down to, embarrassed, punished, judged."[6]

How Self Concept Influences Training

Attention should be given to the "Quality of the Learning Environment"

A climate of mutual respect must be created between leader and learners. An "adult atmosphere" is established by arranging the physical setting to provide comfort and easy interaction. The teacher is supportive rather than judgmental. An adult learning situation is friendly and informal, not aloof and formal. The extent to which learners participate in the program can largely depend on the successful establishment of an atmosphere in which they feel free to question, interpret, and contribute to the training process.

Adults should be allowed to diagnose their own need for learning

Effective educators are skilled in creating non-threatening situations in which adults discover for themselves what they need most to learn. Naturally, other needs must be taken into account -- those derived from the trainer's experience and those of the nursing home. These are negotiated with the learners in the spirit "Let's create learning experiences which will meet your needs and our needs," they are never imposed on learners to the exclusion of their own concerns.

Adults should be involved in planning and conducting their training

The trainer often called a "facilitator". This means his job is primarily to make as easy as possible the job of working together. Adults work with the trainer to decide what they need to learn, to decide what the training should accomplish, and to design learning experiences to achieve these objectives.

Adult learners can evaluate their own progress

The teacher does not set himself up as the judge of how well adult students are doing. Instead, he devotes his energy to helping the learners themselves find ways to obtain evidence regarding their progress. In fact, many of the same procedures can be used to diagnose what needs to be learned *(pre-training)* and how well learning needs are met *(post-training)* to measure progress.

Accumulated Experience

An adult enters into any "learning situation" with a different background of experience from that of his youth. Having lived longer, he has accumulated a greater amount and variety of experience.

The adult has the advantage of grasping new learnings more easily by relating them to past experiences. In addition, adults are themselves a rich resource for one another's learning.

On the other hand, adults may have more fixed habits. This unconscious or spontaneous dependence on habit can make creative thinking and innovation difficult without some external encouragement toward change.

Implications of Accumulated Experience on Training

Emphasis should be placed on tapping the experience of adults

New concepts or broad generalizations should be illustrated with (and tested against) the life experience of the learners.

In addition, procedures of traditional "information transmittal," such as lectures, should be replaced by procedures like group discussions that maximize interaction among the learners.

Special attention should be given to introductory activities that help adults to "unfreeze" their fixed habit patterns.

Leaders of adults often devote as much as the first third of a total program to establishing an atmosphere in which people feel free to admit deficiencies, providing objective and non-threatening feedback *(criticism or approval)* to learners on their performance, and engaging them in a process of self-diagnosis of their needs and goals for learning.

Time Perspective

In our traditional approach to education, learning math or science is considered useful for later in life. The time perspective is one of postponed application. Because of this, learning is considered a matter of accumulating a pool of knowledge about a subject and a range of skills which may prove worthwhile when children become adults. In this situation, the learners enter educational activity in a "subject-centered" frame of mind.

Adults engage in learning largely in response to pressures they feel from current life problems; their time perspective is one of immediate application. They regard learning as a process of improving their ability to deal with current problems. They tend to enter any educational activity in a "problem-centered" frame of mind.

Training Differences Due to Adult Time Perspective

The starting point of all learning activities should be the problems and concerns the adult learners bring to training.

Where the opening session of a youth education program might be titled "What this course is all about," the sessions in an adult education program would be titled "What are you hoping to get out of this course?" One of the early activities would be a problem census or a diagnostic excerise through which the participants would identify the specific problems they want to solve. Of course, other problems the teacher or sponsoring agency want to can be introduced also.

Training sessions should be grouped around specific problem areas rather than "subjects"

A sequence on supervision ordinarily would be organized in such traditional units as "Elementary Principles of Supervision," "Supervisory Theory and Practice" and "Advanced Supervisory Techniques." But adult training would indicate grouping into such units as "Getting Ready to be a Supervisor," "Dealing with the Daily Problems of a Supervisor" and "Improving your Ability to Help Subordinates Develop."

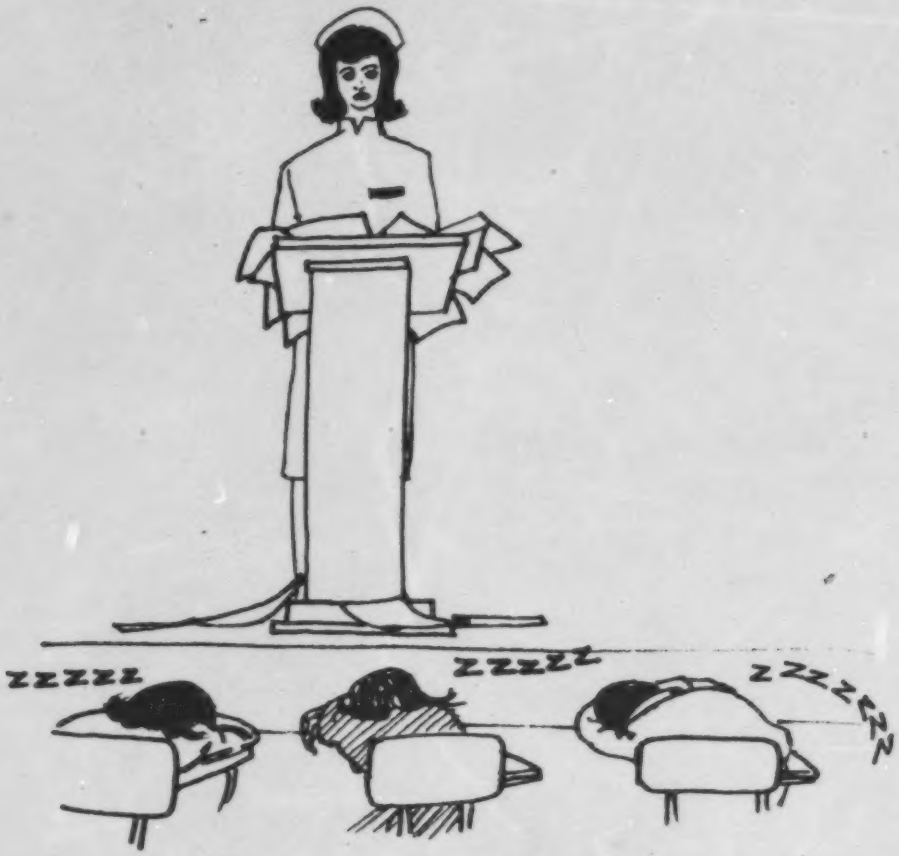
The trainer of adults should consider himself a "facilitator" and a "resource" person -- not just a deliverer of information.

Leaders and teachers should emphasize their function of helping adults increase their problem-solving skills rather than telling them what would be good for them. The modern teacher of adults is person-centered *(and therefore problem-centered)* rather than subject-centered.

He should also be careful not to let himself get trapped into trying to solve his students' problems for them.

WHAT TO LOOK FOR IN GROUPS

In all human interactions there are two major ingredients -- content and process. The first deals with the subject matter or the task upon which the group is working. In most interactions, the focus of attention of all persons is on the content. The second ingredient, process, is concerned with what is happening between and to group members while the group is working. Group process, or dynamics, deals with such items as morale, feeling, tone, atmosphere, influence, participation, styles of influence, leadership struggles, conflict, competition, cooperation, etc. In most interactions, very little attention is paid to process, even when it is the major cause of ineffective group action. Sensitivity to group process will better enable one to diagnose group problems early and deal with them more effectively. Since these processes are present in all groups, awareness of them will enhance a person's worth to a group and enable him to be a more effective group participant.



Below are some observation guidelines to help one process analyze group behavior:

Participation

One indication of involvement is verbal participation. Look for differences in the amount of participation among members.

Who are the high participators?

Who are the low participators?

Do you see any shift in participation, e.g., highs become quiet; lows suddenly become talkative? Do you see any possible reason for this in the group's interaction?

How are the silent people treated? How is their silence interpreted -- consent, disagreement, disinterest, fear, etc?

Who talks to whom? Do you see any reason for this in the group's interactions?

Who keeps the ball rolling? Why? Do you see any reason for this in the group's interactions?

Influence

Influence and participation are not the same. Some people may speak very little, yet they capture the attention of the whole group. Others may talk a lot but are generally not listened to by other members.

Which members are high in influence? That is, when they talk, do others seem to listen?

Which members are low in influence? *(Others do not listen to or follow them)* Is there any shifting in influence? Who shifts?

Do you see any rivalry in the group? Is there a struggle for leadership? What effect does it have on other group members?

Styles of Influence

Influence can take many forms. It can be positive or negative; it can enlist the support or cooperation of others or alienate them. How a person attempts to influence another may be the crucial factor in determining how open or closed the other will be toward being influenced. Items 1 through 4 below are suggestive of four styles that frequently emerge in groups.

1. *AUTOCRATIC* -- Does anyone attempt to impose his will or values on other group members or try to push them to support his decisions? Who evaluates or passes judgment on other group members? Do any members block action when it is not moving in the direction they desire? Who pushes to "get the group organized"?

2. *PEACEMAKER* -- Who eagerly supports other group member's decisions? Does anyone consistently try to avoid conflict or unpleasant feelings from being expressed by pouring oil on the troubled waters? Is any member typically deferential toward other group members' gives them power? Do any members appear to avoid giving negative feedback, i.e., who will level only when they have positive feedback to give?

3. *LAISSEZ FAIRE* -- Are any group members getting attention by their apparent lack of involvement in the group? Does any group member go along with group decisions without seeming to commit himself one way or the other? Who seems to be withdrawn and uninvolved? Who does not initiate activity, participates mechanically and only in response to another member's question?

4. *DEMOCRATIC* -- Does anyone try to include everyone in a group decision or discussion? Who expresses his feelings and opinions openly and directly without evaluating or judging others? Who appears to be open to feedback and criticisms from others? When feelings run high and tensions mount, which members attempt to deal with the conflict in a problem-solving way?

Decision-Making Procedures

Many kinds of decisions are made in groups without considering the effects of these decisions on other members. Some people try to impose their own decisions on the group, while others want all members to participate or share in the decisions that are made.

Does anyone make a decision and carry it out without checking with other group members *(self-authorized)?* For example, he decides on the topic to be discussed and immediately begins to talk about it. What effects does this have on other group members?

Does the group drift from topic to topic? Who topic-jumps? Do you see any reason for this in the group's interactions?

Who supports other members' suggestions or decisions? Does this support result in the two members deciding the topic or activity for the group? How does this effect other group members?

Is there any evidence of a majority pushing a decision through over other members' objections? Do they call for a vote *(majority support)?*

Is there any attempt to get all members participating in a decision *(consensus)?* What effect does this seem to have on the group?

Does anyone make any contributions which do not receive any kind of response or recognition *(plop)?* What effect does this have on the member?

Task Functions

These functions illustrate behaviors that are concerned with getting the job done, or accomplishing the task that the group has before them.

Does anyone ask for or make suggestions as to the best way to proceed or to tackle a problem?

Does anyone attempt to summarize what has been covered or what has been going on in the group?

Is there any giving or asking for facts, ideas, opinions, feelings, feedback, or searching for alternatives?

Who keeps the group on target? Who prevents topic-jumping or going off on tangents?

Maintenance Functions

These functions are important to the morale of the group. They maintain good and harmonious working relationships among the members and create a group atmosphere which enables each member to contribute maximally. They insure smooth and effective team-work within the group.

Who helps others get into the discussion *(gate openers)*?

Who cuts off others or interrupts them *(gate closers)*?

How well are members getting their ideas across? Are some members preoccupied and not listening? Are there any attempts by group members to help others clarify their ideas?

How are ideas rejected? How do members react when their ideas are not accepted? Do members attempt to support others when they reject their ideas?

Group Atmosphere

Something about the way a group works creates an atmosphere which in turn is revealed in a general impression. In addition, people may differ in the kind of atmosphere they like in a group.

Insight can be gained into the atmosphere characteristic of a group by finding words which describe the general impressions held by group members.

Who seems to prefer a friendly congenial atmosphere? Is there any attempt to suppress conflict or unpleasant feelings?

Who seems to prefer an atmosphere of conflict and disagreement? Do any members provoke or annoy others?

Do people seem involved and interested? Is the atmosphere one of work, play, satisfaction, taking flight, sluggishness, etc.;

Membership

A major concern for group members is the degree of acceptance or inclusion in the group. Different patterns of interaction may develop in the group which give clues to the degree and kind of membership.

Is there any sub-grouping? Sometimes two or three members may consistently agree and support each other or consistently disagree and oppose one another.

Do some people seem to be "outside" the group? Do some members seem to be "in"? How are those "outside" treated?

Do some members move in and out of the group, e.g., lean forward or backward in their chair or move their chairs in and out? Under what conditions do they come in or move out?

Feelings

During any group discussion, feelings are frequently generated by the interactions between members. These feelings, however, are seldom talked about. Observers may have to make guesses based on tone of voice, facial expressions, gestures, and many other forms of nonverbal cues.

What signs of feelings do you observe in group members; anger, irritation, frustration, warmth, affection, excitement, boredom, defensiveness, competitiveness, etc.?

Do you see any attempts by group members to block the expression of feelings, particularly negative feelings? How is this done? Does anyone do this consistently?

Norms

Standards or ground rules may develop in a group that control the behavior of its members. Norms usually express the beliefs or desires of the majority of the group members as to what behaviors should or should not take place in the group. These norms may be clear to all members *(explicit)*, known or sensed by only a few *(implicit)*, or operating completely below the level of awareness of any group members. Some norms facilitate group progress and some hinder it.

Are certain areas avoided in the group *(e.g., sex, religion)*, talk about present feelings in the group, discussing the leader's behavior, etc.? Who seems to reinforce this avoidance? How do they do it?

Are group members overly nice or polite to each other? Are only positive feelings expressed? Do members agree with each other too readily? What happens when members disagree?

Do you see norms operating about participation or the kinds of questions that are allowed *(e.g., "If I talk, you must talk." or "If I tell my problems you have to tell your problems.")*? Do members feel free to probe each other about their feelings? Do questions tend to be restricted to intellectual topics or events outside of the group?

Some Learning Activities for Groups -- The trainer should plan activities that will create or provide experiences related to the training objective. More effective designs encourage support, cooperation and interaction among participants.

A. DISCUSSIONS MAY TAKE SEVERAL FORMS:

1. Round table discussions usually involve relatively large numbers *(8 to 12)*, and all are considered equally "expert". The leader's role is limited to monitoring participation and keeping the discussion focused on the topic.

2. Guided group discussions are more controlled by the leader, and are designed to cover predetermined areas or points. The leader uses an outline or list of "discussion points". He asks leading questions or makes provocative statements to guide the discussion. The groups may be large or small.

3. Buzz groups are small *(3 to 6)* and are often formed within large groups, or when the topic generates discussion that can be handled by one group. Each buzz group is asked to appoint a leader and a recorder. When the topic has been discussed adequately, or for a predetermined length of time, the buzz groups rejoin and report their findings.

4. Panels consist of three to six people who discuss or debate a topic. Each panelist represents a different point of view or specialized knowledge about a topic to be presented. Presentations may be interspersed with question and discussion periods.

5. Listing exercises are a form of discussion in which a group devises a list of ideas, concepts, etc., and discusses each item as it is suggested. The finished list constitutes a record and summary of the discussion.

6. Brainstorming is a listing exercise in which the discussion is postponed. Here's how it works:

   A specific topic or question is written on a chalkboard or flip chart;

   A short period of time *(usually no more than 3 or 4 minutes)* is set aside for the brainstorming and someone is asked to let the group know when this time has passed;

The group is asked to call out any ideas on the topic, even if they seem strange or far out, but to avoid commenting on anything suggested by anyone during the brainstorm until time is up;

Everything is written on the chart or board as soon as it is called out.

Once this process is started people are stimulated to call out less obvious ideas. The range of ideas a good brainstorming can produce is ordinarily achieved only after long periods of discussion. When the time set for brainstorming is up, the group can evaluate and organize their list.

Brainstorming can be used for a number of purposes, including initiating discussion of a new topic, focusing on a subject in depth, and developing lists of ideas or topics for group work.

B. ROLE PLAYS ARE SHORT "PLAYETS"

They involve two or more people who pretend to be someone or somewhere else. Properly used, they are one of the few activities that appeal to all of a learner's senses.

The amount of instruction given the actors can vary considerably, from detailed descriptions of what kind of person each is to be and what situation they are to be in, to simply asking two people to "act out the situation we are talking about."

Essentially, role plays are used as Experiences *(both for actors and observers)* for examination and analysis *(I–A–G)*. The procedure involves certain steps:

Defining the purpose -- as with any training activity, the point or learning objective of a role play must be made clear to all from the start.

Preparing the players -- players should be given some time to prepare themselves for a role play and be certain they understand the role they are to play. In some cases, the trainer may wish to prepare them in private before the session begins. No one should ever be pressured into role playing.

Preparing the observers -- those who are to watch the role play must be given specific instructions as to what to look for.

Role playing -- the actual time to be spent role playing is often predetermined. However, the trainer should be flexible enough to let the role play continue beyond this time if it is useful. When the needed data is clear, or when the role play moves away from the desired focus, the trainer should intervene.

Discussion -- this is the most important part of the process. After the role play the group identifies what happened, analyze it, and make generalizations. All players and observers should be called upon to comment. The trainer must take care to prevent discussion from focusing on personal characteristics of the players. To maintain a focus on the role play and not on the role players, it helps to continue referring to the players by their assumed names.

It is often helpful to introduce a group to role players in gradual steps, beginning with several "spontaneous" and "fun" role plays s of situations that are unrelated to serious job problems or training needs, then moving to situations in which the participants must be more serious, but still need not be personally invested *(for example, by providing a meaningful job-related situation but asking the players to assume the characteristics of people very different from themselves).* Only after a group has become familiar with the technique and the participants feel comfortable under scrutiny, it is appropriate to ask participants to play **themselves** in real situations.

C. CASE STUDIES

Case studies confront the participants with work situations similar to ones in which they are involved, through role plays, films, or in written form. In a training group, this provides the opportunity to apply knowledge and skills to specific problems.

Identify the problem -- what problems do the participants face in their work; Pick a specific problem and one that is related to the learning objective of the training session.

Collect information -- try to determine all the elements in typical situations that contribute to the problem. You may not use all of these elements, but having the broadest possible picture before you will help you to design a realistic case.

Study the specific objective of the session -- look particularly for the specific skills you are attempting to develop. This will help you keep the case description brief and pertinent.

Develop the case -- there are two general kinds of cases a trainer can develop: hypothetical cases based on situations typical of those the trainees have or will find on the job; and real cases *(sometimes called "incidents")* based on events that have actually occurred to people similar to the trainees. Hypothetical cases typically have no "correct" solution and provide for a great deal of difference of opinion on what ought to be done. Real cases, on the other hand, provide an opportunity for trainees to work out the problem and then compare their solutions with those used in the real situation.

After the participants are each given a copy of the case study, small groups can be formed to identify and evaluate the facts, develop various solutions select what appears to be the best solution, and describe how it can be implemented.

D. LECTURES

Lectures are formal presentations of information by an individual to a group of listeners. To make a lecture effective, it must have clear introduction and a clear summary, both of which outline in an uncomplicated way, the major points of the lecture. It should include as many examples and illustrations as possible, related to the groups' age, occupation, interests and experiences. And it should be limited to what is important *(the objective of the session as well as the nature of the material will provide guidelines).*

The effectiveness of a lecture suffers most from the lack of involvement by the listeners. The most common way of involving a group in a lecture is by using "question and answer" periods during and following the lecture. Another way to encourage involvement is the **reaction panel** *(several participants placed between and to the side of the speaker and the audience, who ask questions for clarification during the lecture and present their reactions as a group afterwards).*

A third lecture arrangement is to create **listening groups:**

Immediately before the lecture, the trainer lists and numbers the major points that will be made.

The participants are arbitrarily assigned numbers and asked to write down the major point corresponding to each number.

During the lecture the participants jot down any ideas, questions, experiences, etc. provoked by that part of the lecture dealing with their assigned major point

After the lecture, participants form small discussion groups corresponding to their numbers, share their notes, and prepare a response to the lecture.

The total group then reconvenes, comments and questions are shared with the lecturer and general discussion, point by point, follows.

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"FREE DISCUSSION"

The success of the free discussion method depends primarily on the freedom/permissiveness of the group climate and the skill of the group/leader/supervisor/trainer. Any attempt on his part to guide, control, or direct the discussion tends to block the expression of feelings aroused in the group.

A free discussion **does not aim at action** -- rather at the expression of attitudes and values, and at getting everything out into the open. The discussion must be "safe" so that workers/trainees can reveal their attitudes **without fear of reprisal.**

A main objective is to reconcile differences, which can only be done after these discussion are made known and are recognized. Areas of disagreement must be probed and brought to expression.

A. How Does It Work?

The responsibilities of the leader/supervisor/trainer are:

a. to get the group together;

b. to reduce his own psychological size and participation to a minimum;

c. to introduce and maintain a fully free/permissive climate;

d. to assist in recognition, clarification, and development of understanding.

B. Advantages:

Free discussion usually:

a. permits attitudes and values to come to life and be expressed so that all members can be fully aware that they exist;

b. leads to a clarification of existing forces in the groups *(the relation between one person's values and the values of others are clarified);*

c. is effective when a problem of acceptance is involved.

C. Examples:

1. Used to "tune in" on the attitudes and feelings of other group members *(e.g. workers in a unit).*

2. "Checking out" specific attitudes of the group.

3. To overcome negative feelings between persons or towards various programs and/or policies.

4. To achieve a better understanding of decisions made.

XIV EVALUATION: WHAT TO MEASURE AND HOW

In the field of training, evaluation has always been a problem. Those who pay for training want to assess their investment. Those who receive it are interested in determining what progress they have made. And those who deliver the program seek to ascertain whether the objectives were valid, understood, and achieved. No one questions the need for evaluation; on one has yet been able to do it as precisely and objectively as they would like.

Evaluation: A Measurement of Four Basic Areas

1. **Measuring Reaction** -- This measures the participants' likes and dislikes of the program and should be done both during and after a program. The purpose is quite obvious, particularly during the course of a program. Training will not be very effective if it does not interest the trainees, or they do not accept the material presented.

There are a few important keys to measuring reaction:

(a) The measurement *(at least in the early stages of a program)* is best made in writing. This allows anonymity and encourages candid expressions of feeling by the participants.

(b) The measurement can be partially quantified by asking participants to numerically express their reactions to specific aspects. For example:

Was this session worthwhile? YES 1 2 3 4 5 6 7 8 9 NO

Do you think it will help you on your job? YES 1 2 3 4 5 6 7 8 9 NO

What kind of job did the trainer do? GREAT 1 2 3 4 5 6 7 8 9 POOR

(d) The measurement should focus on three specific targets:

Participants' feelings about the worth of the training

How well they feel the training aligned with their needs

Their reactions to the trainer(s).

By using scaled responses to these aspects, reactions can be tabulated quickly, the trainer obtains information to help him revise the direction or approach if necessary, and improvements can be seen readily.

Written forms for measuring reaction include "Quick Feedback Sheet", *(see Appendix -- page A-54)* with scaled-response questions *(most helpful early in a program because participants*

give feedback anonymously and it allows for measuring change in their reactions as training proceeds) and "Participant Reaction Sheet", *(Appendix--page A-55)* a very simple form that encourages spontaneous expressions of feelings about the training *(especially useful after sessions dealing with controversial issues).*

In addition to forms, open-ended written evaluations which ask no specific questions can be used to measure reaction. Also useful are verbal discussion, observation by the trainer and conferences with observers.

2. **Measuring Learning** -- It is important to distinguish learning *(the increase of knowledge or skill)* from behavior *(how someone does his job).*

It is most useful to measure learning as quantitatively and objectively as possible for comparison purposes. One way is to measure learning before and after training. This is done by a pre-test *(administered before training)* and an identical post-test *(after)* and the results compared. Pre-tests used to assess training needs can be used also as post-tests.

A check of learning accomplished in attitudinal sessions can be partially obtained through direct observation by the trainer and through reaction sheets and discussions *(in which participants express what they felt they learned).* A "General Evaluation of the Training Program" *(or discussion)* at the conclusion of a training program asks for trainees' opinions on the design and delivery of the training.

(3) **Measuring Behavior** -- Although learning may be measured and found to be positive, there is no assurance that job performance and behavior will change to incorporate the new learning. In order for the benefit to take effect, several conditions are necessary:

The trainee must have an opportunity to put the learning into effect and his supervisors must encourage him to use it.

The trainee must realize that applying the new learning will make his job easier and more efficient or benefit the patient.

The trainee must be motivated to improve his job performance.

There are several factors to be considered when measuring behavioral change in staff due to training.

Enough time must elapse after the training to allow the trainee to put the new learnings into practice and for the change in behavior to be measurable.

The measurement must be made by objective sources. One way to assure objectivity is to have various people do the measuring, including the trainee, his supervisor, his fellow workers, those he contacts *(such as patients)* and his subordinates.

A comparison of behavior with that of other staff in similar jobs who did not receive training is also useful.

Essentially, changes in behavior following training can be measured by timing an evaluation of job performance at an appropriate interval to determine **improvement** attributable to training. Behavior is best measured several weeks following completion of a program. Forms designed for this purpose involve the participants and also supervisors of the participants.

The key to measuring both learning and behavior is the extent to which the objectives are actually met. If these are clear and specific, they provide a useful standard for evaluating the program. Any training will result in some learning achievement and some sort of behavior change. But only when these results are in line with the training objectives is the program successful.

It should be remembered that learning and behavior are not to be evaluated in a competitive way. The focus of measurement is the enhancing effect on each of the individuals taking part.

(4) Measuring Results -- A training program, whatever its objective, will usually generate a spectrum of results in both individuals and groups. Its purpose is to improve job performance in certain specific ways -- not necessarily to produce changes in procedures or organization, and **it is not a cure-all to improve a nursing home's effectiveness.** A reasonably accurate picture of the results of training will be possible only when there is an opportunity to compare the operation and effectiveness of a nursing home before and after the program.

Results are perhaps the most important measurement in the eyes of those who pay for training but the most difficult to make: **all** results of the training need to be taken into account. These are not always easy to identify. Only results attributable to training should be considered, but training never takes place in isolation so other influences are difficult to eliminate.

The kinds of identifiable results to look for might include:

change in the quality of patient care

change in the alertness of the patient

change in the amount of time needed to provided morning care to a patient

change in the number of patient complaints

change in the number of errors made

change in the number of accidents

change in patient errors due to inadequate instruction

change in atmosphere at staff meetings, etc.

Other appraisals -- A trainer should evaluate his own designing and planning. On completion of the program, the trainer can determine ways to improve later projects by reviewing certain areas.

Summary

The two major purposes of training evaluation are the improvement of program design and delivery and the determination of needs for further continuing training.

The four basic areas to be measured *(Reaction, Learnings, Behavior, and Results)* are best and most accurately measured by using **varied** methods and tools.

These methods should obtain pertinent information from everyone connected with the program: the trainer, the participants, observers, and supervisors who can see the results of the training.

Evaluation needs to be planned. It is a process that begins with the determination of specific objectives, continues during the delivery of the training, and ends only after the long-term results of the training can be seen.

APPENDIX

RESOURCE MATERIALS

RESOURCE MATERIAL

APPENDIX

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1 INFLUENCES ON THE TRAINING PROCESS
SETTING THE TRAINING CLIMATE

Perhaps the most important idea in this approach to training is a slightly modified version of an old addage, "Experience *(that is thought about and applied to other situations)* is the best teacher."

Training Can Be Made Experience-Centered

Ordinarily to learn by experience takes a great deal of time *(because the learner has to wait for meaningful experiences to occur; because he doesn't always make the most of the events that do occur; or because of a combination of these reasons)*, simply to wait for staff to learn by experience would be an impractical approach for an agency with a limited amount of time to train its people.

However, training can be designed to plan experiences that will be meaningful, and to consciously examine and make the most of these and relevant experiences the learner may have had in the past.

This means the experiences must be suited to the learner's background and interests, and his ability to understand. He must see them as real situations, directly related to his current problems, in order to be sufficiently motivated to participate.

The basic theory of the participatory approach is that adults accept the responsibility for their behavior in the training, and encourage one another's learning. A modern industrial learning situation is alive with meetings of small groups -- planning committees, project teams, task forces.

The idea is to provide a situation *(the training environment)* and the resources *(the trainer and other trainees)* so that the learner can develop his knowledge and skills.

The Right Climate Fosters Learning

Participatory training demands that all members of a group feel comfortable with each other and the trainer. The whole atmosphere must be honest and open. Real success depends on everyone involved feeling free to actively take part, to comment, to criticize, make suggestions and listen to one another. *(This is often referred to as the training "climate.")*

Generally, people who have not had experience with participatory training expect it to be like going back to school. They anticipate the traditional separation into "lecturer" *(or teacher)* and "audience" *(or students)* and they often unconsciously assume formal, reserved, business-like attitudes in expectation of a schoolroom atmosphere.

Arranging chairs in circles, or at tables instead of in rows, can in itself foster a more friendly, communicative atmosphere. Even with this, a trainer will often find it necessary to spend a portion of time at the beginning of the program establishing a supportive climate in which participants are not anxious about their opinions being thought 'wrong' or 'stupid'.

The trainer's behavior and attitude are critical in setting a learning climate. His desire to establish a responsive relationship needs to be demonstrated, not merely asserted. Moreover, it's a continuous job. He must be tuned to the environment all through the meetings and be ready to

affect it -- sometimes with a comment, a question or an exercise. He must resist the temptation to give it lip service or rush through a few climate-setting activities in order to get on with the "real" work. That is like putting a car into gear too soon on a cold day. Things will run more smoothly, with less chance of backfiring, if a significant amount of time is committed to setting and maintaining a cooperative climate. Constant awareness and action with the group in reinforcing an open relationship will consume about one-quarter of the group's life together.

The trainer as a group facilitator.....

Helps individuals and group members learn from their experiences.

Facilitates and guides learning

Facilitates learning about better group behavior

Deals more in the analysis of here-and-now than most teachers

IS NOT precisely a member of the group, yet must retain some membership in the group or his efforts will be fruitless

Influences the group in moving toward a shared goal

Acts as a planner prior to a training activity, as a guide during the operation of the activity, and as an evaluator during the planning of new activities.

.....as a planner.....

Helps planning group assess the needs and expectancies of participants in the training group as carefully as possible

Aids in the construction of learning experiences which fit these needs

Major contribution during planning is probably methodological - coaching *(tape play-back)*

Supplies technical help to planners

Needs to be sensitive to how well the training process in general is going:

Are members getting an opportunity to practice new kinds of behaviors and learn how well they succeed?

Are real dissatisfactions being worked on?

Is the training climate psychologically safe?

Are people getting a chance to think about what they are going through, and how it applies to their own future behavior on the job?

Is the training group developing as a group?

Does the situation support and aid each member's own private quest for improvement?

Guides in showing how learning is to become a self-operative process. Each member of the training group must, in some part come to take responsibility for guiding his own learnings

Backs up the group. The trainer role is kind of a "safety net" -- the trainer will fill needed training functions in the group, **but only if no one else does**

.....as a guide, building group norms.....

The trainer's behavior during training sessions helps to set **group norms** -- that is, informal standards, ways of behaving that are highly valued by the members of a group.

TRAINING RELEVANT NORMS

1. **People are Important**

   A. The trainer has a basic feeling of respect for the worth of persons:

      (1) he does not interrupt

      (2) he listens

      (3) he rejects ideas but not people

      (4) he shows that he believes that persons are ends and all else is means

      (5) he serves to some degree as a model for other group members and the norm of basic respect for persons gradually becomes established in the training group

2. **It's Safe To Try Things Out Here**

   A. Indicates by his actions that things are "off-the-record" in this group -- that trying something new is not only permissible, but desirable.

   B. He permits and invites discussion of his own behavior.

   C. He does not critize anyone for expressing any feeling or idea.

   D. Gradually, willingness to experiment becomes a group norm too.

3. **Feeling Are Important**

   A. The trainer takes expressions of feelings seriously -- when people say they feel mad, bad, glad, he helps the group see that these are basic data from which to work.

   B. Feelings of group members tell us how well progress on the task is going -- whether people are interested and involved, whether the goal is clear, how well a particular leader is functioning.

4. **Things Are Not Taken Personally**

   A. From the start, the trainer sees learning as beginning with concrete experiences.

   B. He does not lecture the group nor encourage windy discussions of leadership.

   C. He helps members examine their own experience.

   D. He helps them set up trials of particular approaches to problems.

   E. He helps the group members thing about what they have done.

   F. More and more as the training group proceeds, the members act as if they too share this basic norm -- "the provisional trials, carefully analyzed, are the major roads to learning."

5. **What's Happening Here and Now is the Important Thing**

   A. Trainer does not usually encourage the group members to talk about the past, other groups, back-home experiences, things they've read or what might happen in the future.

   B. By what he says and does he dramatizes his belief that the problem is not someone else's behavior, but our own behavior as it is unfolding every minute in front of our own eyes.

6. **We Plan Together**

   A. The trainer shows the group members that he believes the training group is basically a shared, planed enterprise -- he does not spring things on the group, he does not attempt to pull his rank on others, he does not take a laissez-faire attitude.

   B. He invites cooperative planning; he refuses to take sole responsibility for the success of the training group.

AS A GUIDE —— Specific Behavior

1. **Providing Methodological Help**

   A. He must be able to help the group invent, construct or adapt learning activities **that will help members learn what they want to learn** -- this is the "learning technician's role".

   B. Typical behavior would be:

      (1) pointing out the need for briefing role players in a special way;

      (2) suggesting three or four methods of role analysis when it is clear the group wishes to do this;

      (3) acting as a timekeeper.

2. **Guiding Analysis**

   A. Trainers comment on, generalizes from, raises questions about and in general helps the group members thing explicitly about the experiences they have been going through -- this is sometimes called the "make-visible" function and includes the guidance of thoughtful discussion.

   B. Typical analysis behavior:

      (1) making interpretations about what is happening in the group;

      (2) asking why something has been going on;

      (3) introducing a social science concept into the discussion;

      (4) asking for implications of the preceeding experience;

      (5) pointing out something that has just been happening and inviting analysis of it;

      (6) inviting people to formulate their learnings from an experience;

      (7) the trainer may also find himself helping to analyze the nature of the training group itself;

      (8) interpreting the training method being used;

      (9) explaining the rationale behind training as another form of analysis.

3. **Giving Support**

A. Group members need emotional support as they work and learn.

B. At the beginning of a group, support may have to come mostly from the trainer. As the group works, support comes more and more from other members through the development of norms like, "It's safe to try things out here."

C. Typical support behaviors are:

(1) acting to reduce excessive conflict between members;

(2) behaving in a warm or friendly fashion;

(3) encouraging members as they try out different and difficult things;

(4) relieving group tension;

D. Excessive trainer support may result in dependence, or in a sweetness-and-light atmosphere. The trainer needs to be encouraging enough to permit the group to grow and learn without promoting emotional stickiness or over-dependence on him.

E. Training is usually best served if the trainer's interventions and comments are about the group situation as a whole.

F. Trainers must be psychologically accessible to members who want to talk about the group and their reactions to it, but he should almost always invite such members to bring their reactions to the training group for discussion and comments.

G. When members seek out the trainer for special help, it is usually a symptom that the trainer and group are not doing a very good job of cooperative planning of helpful training activities.

4. **Encouraging Group Growth**

A. Trainer needs to encourage members to join him in taking responsibility for suggested training methods, helping the group think and supplying emotional support. For example:

(1) rather than set up roles players, he suggests the group do so;

(2) he does not always give the first interpretation of what has been happening -- he invites analysis by the group;

(3) he need not be the first to praise a shy member who has tried something difficult -- he keeps quiet long enough so other group members can do so.

B. Other typical behavior:

(1) turning questions back to the group as a whole;

(2) pointing out successful decisions made and responsibilities assumed by the group;

(3) encouraging the group to make plans without the trainer's participation;

(4) giving different members in turn the chance to practice **service** roles *(chairman, recorder, observer, etc.);*

(5) even if the trainer refrains from overt control behavior, however, the members of the group usually have widely varied feelings about how much he should be controlling the group;

(6) the analysis of these different feelings of dependency and counter-dependence can often be extremely fruitful in understanding how people feel about the problem of **leadership.**

5. Maintaining Membership in the Group

A. Trainer must have some membership in the group or his comments and suggestions will have very little impact. He needs to say enough to indicate that he values membership in the group.

B. He should not remain emotionally aloof, nor demand special status.

C. The trainer cannot afford to be only "a member of the group." He cannot give up his responsibility for helping learning prcedures proceed fruitfully and well. He has an authority expertness, in a sense, which he cannot and must not try to give up.

D. If he acts only like a member of the group, for example:

(1) by supporting a goal suggested by another member;

(2) by arguing with what another member is saying;

(3) entering actively into group discussion aside from process analysis, he may well lose his ability to be helpful to the group. Thelen has remarked; "The trainer must not get into the position of being a protagonist in and a commentator on the battle at one and the same time."

E. Since the trainer does have special responsibilities he should be reasonably sure that his being spontaneous at any given point will help, not make things more difficult.

STUDY

Nursing home plans:
- projected changes in structure, personnel or procedures

Employee Records:
- high turnover
- absenteeism
- sick leave rates
- tardiness
- grievances
- composition of supervisory force

Official Inspection Reports:
- by administration
- HEW (Federal) reviews
- Licensing Dept. of Health & Env. Control

Work and Work-Flow
- production/volume
- fluctuations in production
- reports on patients satisfaction with service
- backlogs and where located
- records of waste, excessive errors, inefficiency

Supervisory Selection Policy:
- qualification requirements
- experience and training of present supervisors

Management Audits:
- by controlling department
- special surveys

OBSERVE

Morale Factors:
- personal friction
- buckpassing
- complaints
- inattention to work
- leadership not held by appointed leader (the supervisors)
- lack of administrative (supervisory) support of workers
- authoritarian leadership
- absence of sense of purpose and accomplishment

Job Knowledge:
- technical phases
- administrative phases
- supervisory phases

Communication Failures:
- written and oral instructions misunderstood
- failure of information to flow up, down, and across
- inability to express, orally or in writing
- semantic difficulties

Poor Supervision:
- assignment of work
- planning and scheduling
- instructing workers
- handling grievances
- lack of job pride
- lack job interest
- poor coordination
- inadequate recognition
- failure to motivate

Job Application:
- putting knowledge and skill to work
- will to improve, self-development

NEW EMPLOYEE

For talking individually with potential new paraprofessionals before training in nursing homes.

1. How would you describe your job, as you understand it? What exactly are you supposed to do on a typical day?
2. What do you thing you'll like most about it? Least?
3. What do you think will be most difficult to learn about it? Why?
4. What do you think will be the easiest to learn? Why?
5. What do you hope you'll accomplish for yourself through this job?
6. What seems most interesting to you about the job? Least interesting?
7. What experiences have you had that might in some way help you now on this job?
8. What experience do you wish you'd had? Why?
9. What kind of patients do you think you might have trouble taking care of?

The specific nursing home's location, operation, history, etc. will suggest additional questions for such interviews.

EXPERIENCED WORKERS

Possible questions to use in individual interviews to assess the training needs of workers with some experience.

1. Describe your job -- what do you do?
2. What do you think the nursing homes goals are?
3. What do you want to accomplish with this job?
4. What things do you like to do best?
5. What things would you like to do better?

6. Who do you go to for help?

7. What life or work experience have you had in the past?

8. What do you think your patients think you need to do better?

9. How do you think your supervisor sees you?

10. What kinds of things would help you do your job better?

11. Does the job fulfill the expectations you had when you first took it?

The specific nursing home's location, operation, history, etc. will suggest additional questions for such interviews.

5 NEEDS ASSESSMENT QUESTIONNAIRE

SAMPLE

NAME: _____

(optional - you may want this to be filled out anonymously for greater honesty)

JOB TITLE: _____

The purpose of this questionnaire is to help plan a training program that meets your actual needs. Please make every effort to answer each question in your own words. Try to avoid "yes" or "no" answers as much as you can. The more information you can give us, the better we can plan a good training program. Everything you write here will be kept confidential. No one besides the training staff will see this questionnaire.

1. **In your own words,** describe the overall purpose of the unit you work for:

_____

_____

_____

2. If this is the overall purpose of your unit, how does your job fit it?
(Please take a few minutes to think about this before writing your answer).

_____

_____

_____

3. What do you do on your job? List the duties you usually perform during a typical week:

_____

_____

_____

4 List also any duties you may be called on to perform only occasionally, or once in a while:

_____

_____

_____

5. What parts of your job do you find most satisfying?

_____

_____

_____

6. What parts of your job do you find most difficult?

_____

_____

_____

7. Please complete the following:

   If I knew more about:

   (a) _____

   (b) _____

   (c) _____

   I would be able to do my job better.

8. In order to do your job well, what must you depend on other people to do well?

_____

_____

_____

9. Are you satisfied with the way you are supervised? If not, how could it be improved? *(Please remember we are interested only in information that will help to plan training.)*

_____

_____

_____

10. How well do you think people on the staff communicate with each other?
(Please check the answer you think fits and comment briefly.)

( ) People communicate very well, there's no need for much improvement.

_____

_____

( ) People communicate fairly well, but could improve:

_____

_____

( ) People communicate poorly, improvement is needed:

_____

_____

( ) It makes no difference. People on our staff don't need to communicate much with each other.

_____

_____

11. What, more than anything else, would you like to learn from the training program being planned?

_____

_____

_____

_____

6. SUGGESTIONS FOR DETERMINING TEACHING METHODS AND USING AIDS

Techniques are tools -- no one method or aid serves all purposes. Like clothing, they must fit if they are to be comfortable when used, and they must be adjusted and combined in new ways for each occasion. Those chosen should fit the purpose of the training, strengthen feelings of fellowship and the motivation to master knowledge and skills, and allay anxious feelings of dread or confusion. Know your students and their learning needs and objectives as well as the time and resources available. Plan ways to emphasize the essentials, to change the pace, to contrast personalities, voices and points of view, and to involve the participants individually and actively in the process of teaching/learning. Help them stretch, to reach beyond their grasp.

WHEN YOUR OBJECTIVE IS TO:	TRY:
Attract attention, stimulate interest	Exhibit or display with take-away bibliography or a "where to write" list. Interest catching visuals, as arrows, footprints, etc. Observation opportunity trip or tour, with guides to see the real thing.
	Research assignments to be reported. Mention "coming attractions" at end of session, or agenda of related meetings.
Give a lot of information quickly	Lecture with audio/visual aids -- motion picture, panel, symposium, forum, etc. Written fact sheet, distributed and discussed. Use of specialists as consultants.
Develop a common knowledge, widen horizons and the information base for individual perception.	Reading assignments, ahead and between sessions; planned observation; lecture with take-home fact sheet, discussion for sharing experience.
	Circular response -- same questions answered by each participant without discussion.
Deepen concern, relate individual concerns to objectives.	Assignment to state what they hope to learn. Student questions fully discussed; problem solving work groups; case studies; planned observations and analysis; writing assignments; research report; motion picture.

Perfect skills, give competence and confidence.	Group projects -- filmstrips, flip charts, diagrams, etc., each one teach one. Demonstration by experts with practice by all; drill through games, etc.; experimentation, analysis and reporting.
Generate attitudes of conviction: "this we should do."	Opportunity for self-analysis -- "where am I"; free discussion; individual counseling; collaborative projects; analysis; group decision participation; individual testing alternatives. Model leadership, care in selection and briefing. Motion picture with discussion.
Stimulate new ways of work and release creativity.	Free discussion to clarify values; work groups or individual assignments to define steps in application at home; use of administrators as consultants to communicate hopes of the organization; alert for delayed action evaluation report: after a lapse of time "what I have done because I had this training."[7]

7 TRAINING AIDS - USE AND PREPARATION

Training aids are a variety of materials that convey information and ideas to workers/trainees by appealing to their senses of sound, sight and touch. The training aids and methods are suggested for the purpose of providing the supervisor/trainer with information necessary for their effective utilization.

Properly utilized training aids can greatly facilitate the training/learning process. They assist the supervisor/trainer to plan how he will use the aids. In addition, they improve the chances of the workers/trainees ability to comprehend the subject matter because of the multiple appeal to the sensory system.

In general, training should be designed to simulate as closely as possible the actual work experience and/or work environment. The task of selecting the most appropriate training aid *(or method/technique)* should be decided on this principle.

It is important to remember the following when selecting and utilizing training aids:

1. **Analyze the content** area to determine what aspects of it may be presented more effectively with use of a training aid.

2. **Coordinate** the use of the training aid with the total presentation of the subject.

3. **Rehearse** the presentation. Even though you may feel "silly" at the time, you'll be glad that you "practiced" during the actual presentation.

4. **Prepare the equipment** so that it will be ready for use **before** it is needed. *(a chalk board with no chalk is like a car with no gas.)*

5. The training aid is **not a crutch** -- it is to facilitate training/learning. It is not a substitute for training.

Although most types of training aids were mentioned in the last chapter, a few will be emphasized again here, pointing out special considerations that should be given before using them.

Use of A Flip Chart:

When utilizing a flip chart *(sometimes called newsprint)* to record group comments, it is important to:

1. **Talk to the group** as you write. Try to angle the equipment so that your back will be to the group as little as possible.

2. Periodically, **move away** from what has been written or drawn so that the entire group can see the chart.

3. **Prepare** as much of the chart as possible in advance, when appropriate.

4. **Develop complex points** step by step. Don't try to write everything said.

5. Insure that there is **plenty of paper** and an ample supply of felt tip pens.

6. **Write legibly.** If you can't, print. If you can't do that legibly either, a second person could be utilized for that purpose.

Use of a Chalk Board:

When utilizing a chalk board, the same "rules of thumb" apply as for the use of the Flip Chart. The main difference is that an ample supply of chalk and a **good** eraser are essential.

The greatest disadvantage in using a chalk board is the most obvious: It's messy!

Use of Charts and/or Diagrams:

A chart or diagram is often used as a visual aid to reinforce verbal explanations. The supervisor/trainer should refrain from displaying a chart until he wishes to create maximum interest.

Other charts/diagrams relevant to the total training session may be displayed throughout the session so that the trainees can refer to it from time to time.

Charts/Diagrams should be kept simple, eye-catching and easy to read.

Use of An Overhead Projector:

The overhead projector is one of the most commonly used training aids. It is particularly useful for a flexible presentattion in which the comments may vary considerably in length, depending upon the responses from the group or in a presentation which must be kept flexible in sequence.

When utilizing the overhead projector, it is very important to:

1. Completely familiarize yourself with the equipment. *(They are very expensive).*

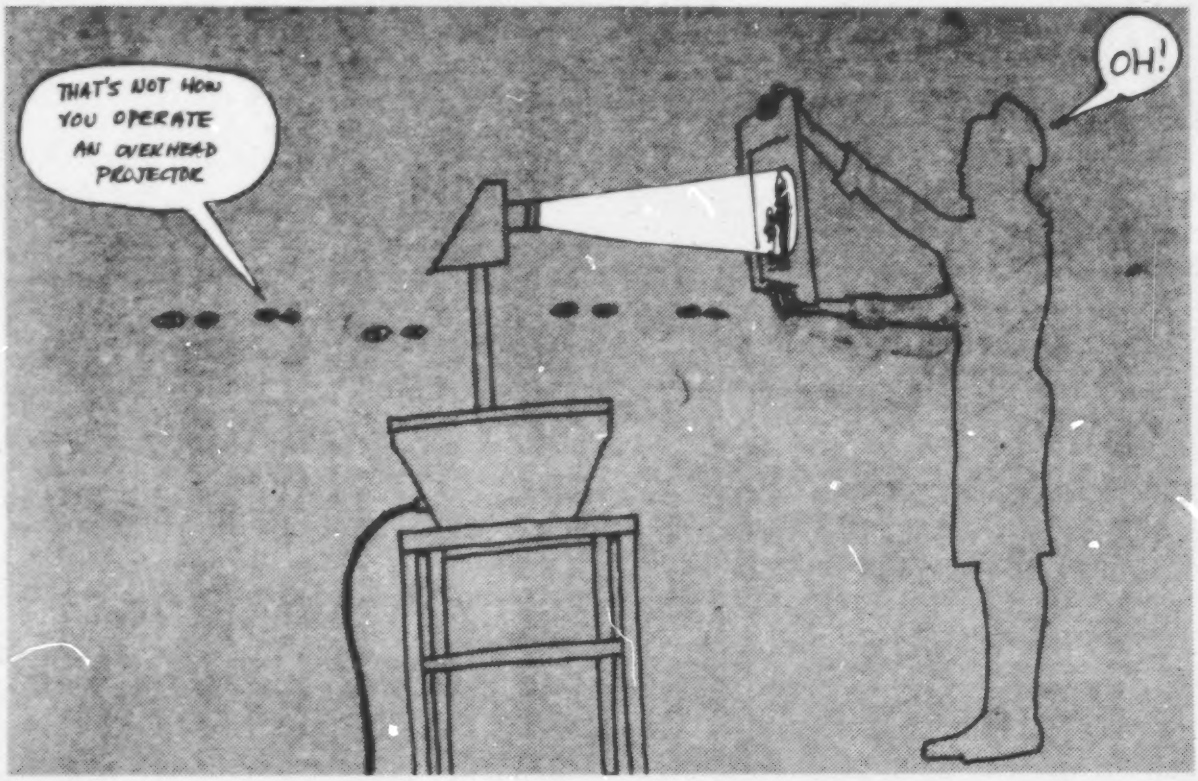
2. Check the projector to insure that it is working properly.....**before** you plan to use it in actual training. *(an extra bulb on hand helps).*

3. Place the screen so that it is visable to all members of the group and that the projector and you are out of the line of vision of the screen.

   (NOTE: This is a great opportunity for the supervisor/trainer to "move around" among the group and get out from "behind the desk.")

4. If the screen is not available, inadequate, or is in the way of the rest of the training, a good wall will serve the purpose, and sometimes better.

5. Transparencies for overhead projectors should be a message that is simply stated, quickly understood, and easy to read.



Obviously every training situation is unique in this regard. But in almost every case the following areas will figure in arrangements which need to be made:

A. **Place** *(this may not be appropriate for your home)* -- when choosing a place consider such aspects as:

— Is it conveniently located?

— Is it available at the appropriate time?

— Is there enough room?

— Are there extra rooms, places for small groups?

— Is the price reasonable?

— Are eating places nearby?

— Can films or other audio-visual material be used?

— Is there possibility of distracting noice or activity?

— Is there likelihood of interruption?

— Can seating arrangements be changed?

When setting up a place consider:

— seating arrangements

— ashtrays

— drinking water/coffee, etc.

— ventilation

— blackboard/easel, etc.

— projector and screen

— electrical outlets

B. **Supplies** -- Arrange to have necessary items on hand as:

— name tags

— pencils/pens/magic markers

— newsprint pads

— scratch paper

— paper cups, coffee, sugar, etc.

— masking tape

— extension cord

— tape recorder, record player, projector, extra bulbs, etc.

— chalk, eraser

C. **Materials** -- Prepare or obtain materials you plan to use:

— diagrams

— questionnaires

— discussion stimulators

— information summaries

— articles

— evaluation forms

— tapes, films, slides, etc.

— charts

— models

— samples of literature, forms, etc.

— transparencies

— case studies

D. **Transportation** *(this may not be appropriate for your home)* -- Arrange transportation for participants, if necessary, or provide instructions for reaching the training place. Be sure instructions are understandable to everyone, and that they can get to the place at the appropriate times.

E. **Consultants** -- All resource people you plan to use during the training should be contracted well in advance. Make certain they understand the role they are to play, and can fulfill your expectations.....discuss their part in the training with them and offer assistance, if necessary, in planning what they will do and how it will fit into the overall design you have in mind.

Dates, times, transportation and fees should be confirmed in writing.

F. **Technical Preparations** -- Any equipment you need *(projector, tape recorder, microphone, speaker system, video-tape equipment, etc.)* should be checked, so it's in good operation and someone is available to handle it.

G. **Notifications** -- Check that everyone involved in any way with the program knows when the training is going to take place.

9 CHECKLIST FOR A TRAINING EVENT

1. How is the subject area related
   - — to purpose of the organization, and of jobs
   - — to current priorities
   - — to the objectives of each person coming
2. What learning objectives are important for the persons coming
   - — knowledge to be gained, what they must understand
   - — skills to be mastered, that they must be able to do
   - — attitudes to be developed, how they must feel about it
3. What timing is best for
   - — organization calendar
   - — job requirements of participants
   - — availability of trainers
4. What setting is best for
   - — convenience of participants, accessibility
   - — facilities for class, individual study, exhibits and use of audio/visual aids
   - — subject matter *(Ivory Tower or real observation)*
5. What resources will be needed?
   - — publications of the organization
   - — other useful books or pamphlets
   - — those to be brought by individuals
   - — reading ahead of time

— display

— take home

6. What devices will ensure that learning can take place

— presentation sequence and methods designed

— equipment and materials needed *(audio/visual aids, etc.)*

— what you expect of fellow leadership team members

— preparation students should do

— display or exhibit planned

— related songs, dramatization, etc.

— notification to others about what you will need in time

7. Arrangements for the comfort and convenience of trainers and students

— responsibility for equipment arranged for each session

— room set-up required

— coffee break or refreshments

— agenda or schedule for team

— agenda or schedule for students handling "housekeeping details"

8. Evaluation as a part of the experience

— a way to learn from teammates their appraisal of the experience

— a way to learn from students then and/or later their appraisal of the experience in terms of learning objectives

— a time and person for your own analysis to be sent

9. Team meeting times to coordinate and unify plans[8]

— before

— during

— after

TOPIC 1: CEREBRAL VASCULAR ACCIDENTS (CVA)

Identified Problem: We are getting an increasing number of patients with a diagnosis of CVA. In the past several months, some new staff members have been added who do not know about CVA.

Chosen Methods: Lecture by neurologist/physiatrist, because basic need appeared to be for additional knowledge. Members of the rehabilitation team *(physical therapist, occupational therapist, rehabilitation nurse)* were also invited to serve as a **resource panel** and to answer questions about treatment procedures. Not only did this add interest to the session, but it gave participants needed information on work of various members of health team.

Other resources used included **slides**, easily available and inexpensive, to illustrate specific points during lecture. Important new words and concepts were written on **blackboard; rehab equipment** was used in demonstration of treatment. All three resources reinforced learning experience, by showing as well as telling; also, some people have a visual memory rather than an auditory memory. Finally, mimeographed **booklets** about CVA were distributed at the end of the session, to go with participants' own **notes** for future reference.

Other methods were considered but not chosen. In a **case presentation** it was felt that inexperienced personnel would not have been able to translate from the specific to the general; they might have been concerned with the single patient rather than the problem of CVA. A **film** was also considered, either before or after the lecture. It proved impossible, however, to find a good short film on the subject, within the time available.

Planning: Dr. X was chosen as speaker/lecturer because of his many assets. He is a good speaker, he is our consulting physician, so that he is not only aware of nursing home procedures, but knows the level of the audience he was to speak to. He is knowledgeable about CVA and the management of CVA patients; our staff benefited additionally by greater understanding of **his** treatment procedures.

One week before session, coordinator reviewed with Dr. X the purpose of the session, some specific points to be covered/emphasized, and the size of the target group *(audience)*. She also reminded him of date and time of session, indicated other resources to be available.

After coordinator and speaker had agreed on points above, coordinator asked that last ten minutes of session be reserved for feedback/questions/ evaluation by participants.[9]

OUTLINE OF LESSON PLAN: CVA

Date: November 12, 1972.

Time: 1:00 - 1:45 P.M.

Place: Physical Therapy Room

Subject: Cerebral Vascular Accident

Speaker: Dr. X

Additional Resource Personnel: Physical therapist, occupational therapist, rehabilitation nurse, patients.

Attending: 15 L.P.N.'s and Nurses' Aides

Materials to be Available: Slides, blackboard, rehabilitation equipment, booklets.

Objectives of Session: It is hoped that by the close of the session, participants will know:

The causes of strokes (CVA).

The different types of strokes (CVA).

The terminology used to describe a patient with a diagnosis of CVA.

The symptoms of a CVA.

The effects of a CVA.

The problems facing a patient with a CVA.

The treatment procedures for a patient who has suffered a CVA.

Feedback *(Evaluation)* – **Direct:** During last ten minutes of session, participants will be asked questions concerning the content of the session and its relation to their work. They will also be asked to indicate whether they liked the session and found it worth their while. Also, would they want future sessions to go into greater depth on their own roles as members of a rehab health team?

Indirect feedback, in days following, through informal discussions on the floor, in lunchroom, when caring for patients. Coordinator to check on questions asked by participants of their supervisors and other staff members concerning CVA.[9]

TOPIC 2: ACCURATE MESSAGES

Identified Problem: Messages are not being relayed accurately and completely. This has recently caused some problems in patient treatment, as well as strained staff relationships. Program committee felt that problem might be people not listening carefully enough when messages were given.

A part of the problem is that the ability to listen to what another person is saying is a learned skill. Many factors are involved in listening: the moods of the person speaking, and of the person doing the listening; the feelings of each toward the other; the failure to interpret expressions, tone of voice, other factors correctly.

Specific Objectives: To help personnel involved in direct patient care to: a) listen to the patient and what he is **really** saying, so that his needs are accurately understood; b) apply their listening-ability to the improvement of patient care, by giving each patient the attention, understanding and feeling of acceptance which geriatric patients need; and c) apply the same listening-ability toward improving relationships with co-workers.

Method Chosen: "The Rumor Game".

Choice was made because people learn better by doing, whenever that is possible. Also, because before attitudes can be changed, people have to give expression to their feelings, and participate in the changing. Because this is a method in which humor can overcome any feelings of antagonism, provided that the coordinator is aware of the pitfalls: during the game, the coordinator must not allow the "arguments" to go on too long; do not permit the group to focus on a single person as having twisted the message himself; do not permit this one person to be "guilty", but make sure that the entire group acknowledges his share of the "guilt".

(Note: It is inadvisable to play "Rumor" with a group larger than seven persons, because otherwise the message is garbled beyond recognition.) Other methods considered, but not chosen, included a lecture, a film *(because it would not involve participants)*, a panel discussion, printed brochures.

However, a "teaser" poster announcing the session was allowed to stay on the bulletin boards afterward, because it proved a useful reminder to staff members to **listen while you work.**[10]

LESSON PLAN: "THE RUMOR GAME"

When people come into room, they take chairs arranged around large table.

Coordinator: Our session today is going to be somewhat different. We are going to play a game called "Rumor". I have a message on this piece of paper, which I am going to whisper to Miss Y, on my right. She will whisper it to the person on her right, all the way around the table until it gets to Miss Z, on my left -- she will say it aloud. This is a game, but it isn't just a game. The idea of it is to find out the difference between **hearing** and **listening**.

The coordinator, having indicated the objective of the session, now whispers the message -- which should actually be the sort of humor heard around the home. For example: Have you heard the new policy about giving patients showers? The room has to be warm, and the water too, because too many patients have been coming down with colds lately. I wonder how often they will be getting showers now -- you know how cold those bathrooms usually are.

The coordinator gives the written message/rumor to the person on her right *(Miss Y)* to read aloud, after the message has traveled around the entire table. Reactions will be immediate and spontanious. "I didn't say that!" "Yes you did!" and the discussion has begun. The coordinator **must** remain in control; she must be careful to guide the discussion, to intervene when necessary, while still permitting maximum participation and involvement.

The points to be made are: that each person normally injects or omits or changes a word or two -- to make up for what he didn't hear, to "clarify" the message, to drop what he doesn't consider important; and each little change alters the tone/meaning of the entire message. The coordinator should also point out the additional factor -- that this particular rumor *(like many real rumors)* might involve jobs and working conditions in the home, might therefore have created anger, fear, frustration and tension in some of the participants.

Following up on this, once the problems of "listening" have been clarified, the coordinator should deliberately relate the game's "rumor" to actual work-situations in the home.

Coordinator *(in closing)*: We all think we're listening, but what we're really saying is that our **hearing** is O.K. Usually, though, we only half-listen, because we're thinking about something else. We can all remember when we "goofed" because we didn't pay attention to what someone said -- we **heard** the sounds, but we didn't really **listen** to the words!

If all of us can really begin to listen, patients will benefit, we'll get along better with our co-workers, very soon even our social relationships will improve. Try it. Try listening!

(Final note: Leave a few minutes for more "feedback". Let the participants have the last word.)[10]

TOPIC 3: SETTLEMENT OF CONFLICTS

Identified Problem: A recent dispute over which staff member was responsible for bringing a special tray to patient, which then became a noisy quarrel involving a number of others.

Method Chosen: Group discussions, within the framework of the inservice education program. In this home this was actually an experiment, but there were a number of reasons for the choice.

First, both of the disputants were participants in the inservice program, where a strong "group feeling" had been established.

Second, it was felt that administrative/disciplinary action, at best undesirable, would magnify the matter and should be used only if the problem could not be resolved at a lower level.

Third, the inservice coordinator was not seen by the staff as a member of the administrative hierarchy, but as a co-worker, and the sessions themselves had already developed the aspect of "neutral turf".

Fourth, there were other instances where the lines between department responsibilities were not sharply drawn; in addition to more harmonious interpersonal relationships, it was hoped that the discussions might also develop a method for dealing with such situations generally.

Fifth, the coordinator herself had had some training in group interactions and was aware of the pitfalls, in particular the danger that fact-to-face confrontations can often make the settlement of a conflict more difficult, rather than less so.

Objectives: Some of the reasons indicated above for the use of the method were also objectives. But even though the group leader was willing to attempt the effort, she did not expect that these end-objectives would be quickly, or totally, attained. She therefore set herself some more limited first objectives: to get the disputants talking in a reasoned, unemotional manner, not about their personal difficulties but about the "problem", and about how a **modus vivendi** could be established between their two departments. If that objective was reached, the coordinator had a second: to keep them talking, in and outside the inservice sessions. Another, simultanious objective, quite naturally, was to make certain that the inservice "group feeling" survived intact, no matter what the outcome of this attempt at settlement.

Comment: The coordinator felt that it was so important to establish a "group sentiment" for a harmonious discussion that in advance of the session she discussed the problem privately with some of her inservice group. Several later assisted her vocally in keeping the peace during the first critical stages of the discussion.

While this is an exceptional example of advance preparation, group discussion is often unsatisfactory and unproductive if it is allowed to "just happen". But under a trained and sensitive leader, it may be a useful inservice method, particularly in changing attitudes.[11]

TOPIC 4: THE DEMANDING PATIENT

Identified Problem: Complaints from patients -- to their families -- about bad-tempered staff members.

Method Chosen: Role-playing/role-reversal
(Note: This method is most effective if used most seldom. And it is important to indicate at the outset the serious purpose and the objective behind this "playing around".)

Objective: By getting each participants to show "how the other person does it," "how it feels to be in the other person's place," members of the group begin to think about their own behavior and attitudes. They are to be involved actively in their own education.

Comment: The coordinator/group leader should be careful about picking any one person out, so that no one person is shown as needing the "lesson" more than the others. Depending on the size of the group, and the time available, several people may play segments of the same "role", or roles may be exchanged, the same person playing each part in turn.

But an even greater pitfall is the need to control and guide the situation so it doesn't get out of hand. Within the basic situation, this method will be most productive if participants improvise; the skit which follows should be considered a general guide to length and objective, rather than a script for actual performance.

Feedback *(Evaluation):* At the session itself, the "lesson" is the feedback. The audience begins by discussing the performers and their performance rather than the "play". But the leader quickly focuses on the problem through her questions: How did you feel when you were the patient and the nurse didn't come? What were you so angry with the patient for? Do you thing Miss Goodmouth's way of handling it could work with _____?

The leader should attempt to get all participants involved in the questions-and-answers, to express their own feelings about the situation shown. And this is a prime case when she should be alert for later feedback -- whether there has actually been any improvement in dealing with demanding patients -- to see whether the method was productive or just "fun", whether with this specific group of participants it might be worth using again.[12]

ROLE PLAY: THE DEMANDING PATIENT

Cast: Mrs. Grunch, Miss Badmouth, and Miss Goodmouth*

Mrs. Grunch: Where is everybody? Miss Badmouth! Where are you? Miss Badmouth!! My clothes have been stolen. Somebody took my blouse. Miss Badmouth!!!

Miss Badmouth: *(Comes stamping into room)* You are making too much noise! *(Angry and impatient)* You're always yelling. What are you yelling about now?

Mrs. Grunch: It's about time you got here. Whenever I want you, you're in Mrs. Sweetlady's room! For your information, someone took my blouse. It isn't with my clean clothes where I put it.

Miss Badmouth: That old blouse? Who'd want it? Anyway, it was all ripped. Forget it.

Mrs. Grunch: It was mine and now it's gone! It was my best blouse and I want it back, or I'm going to the Administrator.

Miss Badmouth: Oh be quiet! All you ever do is complain.

Mrs. Grunch: Nobody here cares about me; that's why.

(She continues to complain as Miss Badmouth leaves; eventually Miss Goodmouth passes, hears her, and comes in.)

Miss Goodmouth: Good morning, Mrs. Grunch. What's wrong?

Mrs. Grunch: My blouse is gone. Somebody stole it. I want it back, and I'm going to report Miss Badmouth.

Miss Goodmouth: Maybe it wasn't stolen. Maybe it just got into the wrong package when it came back from the laundry. *(Inspired)* Maybe it went to your old room by mistake?

Mrs Grunch: *(Considering)* Well, that did happen once.

Miss Goodmouth: Why don't you go down to breakfast while I check on it.

Mrs Grunch: *(Still angry)* I don't want breakfast. I want my blouse!

Miss Goodmouth: Yes I understand, and I'll look for it. Why don't I come to the dining room and have a cup of coffee with you after I find it. Then you'll know I found

it.

Mrs. Grunch: *(Leaving and already forgetting)* Do they have prunes today?

*(*Note: If "neutral" names are preferred, the patient can be Mrs. Green, the two nurses Miss Brown and Miss Gold)*[12]

TOPIC 5: TECHNIQUES FOR TRANSFERRING PATIENTS

Identified Problem: Several aides have complained of back- and neck- aches recently as a result of transferring patients. The patients have also reported discomfort during the process.

Method Chosen: Demonstration, with running commentary, to be followed by practice during session. Physical therapist, occupational therapist, or rehabilitation nurse to demonstrate with patient willing to participate, or with one of group.

Participants are more likely to learn a skill if they see how it is done, while the process and the problems are being described. This is a case where showing is better than telling, and showing and telling together are best. Immediately following the demonstration, participants practice transfer activities on each other, to do what they've just seen and heard. Corrections can be made on the spot, before wrong methods can be picked up.

Comment: No one person will enjoy being singled out as not knowing the proper technique; the comments should therefore be general.

In discussing the proposed session with whoever is to do the commentary, the coordinator might make this point: that in the opening remarks concern *(and benefits)* should be shown not only for the patients, but for the staff -- better patient care **plus** fewer backaches.

Feedback *(Evaluation):* Later, the coordinator should observe for herself *(as well as through questions to supervisors)* whether patients are more comfortable during the transfer process. But she should also ask session participants about back-and-neck-aches, whether the session helped. Or perhaps, depending on relationships, she might ask rehab personnel to do this rather than herself.[13]

OUTLINE OF LESSON PLAN

Date: November 22, 1972.

Time: 1:00 P.M. to 1:30 P.M.

Place: Physical Therapy Room

Subject: Techniques for Transferring Patients

Speaker: Mrs. V.V., RPT, with assistance from Miss G. and Miss A.

Objectives: The participants are to learn the basic principles and techniques of transferring patients safely. Stress is on better patient care.

Secondary emphasis on better personnel care: the participants will learn how to guard against injuring their backs and straining neck muscles while transferring heavier patients.

Participants: Ten nurses' aides, some new, some experienced. Other welcome if they wish to attend.

Method: Demonstration of transfer techniques, with running explanation and commentary. Physical therapist will demonstrate techniques, discuss what she is doing *(and why)* as she does it, and answer questions from the group.

Demonstration to include: positioning of self and patient, safely, body mechanics.

Varying techniques, problems involved in transferring patients with DX of CVA, Parkinson's Disease, Fractured Hip, Paraplegia, Amputation, others.

Practice: Participants will then practice techniques. Corrections will be made immediately. Experienced personnel will assist with practice session.

Feedback *(Evaluation):* Coordinator, supervisors to observe later improvement in transfer techniques, fewer complaints of back-aches.[13]

TOPIC 6: THE EFFECTS OF AGING

Identified Problem: Over the past several months six aides *(without previous experience in nursing homes)* were hired. Their supervisors report that they ask many questions about the aging process and also, that they appear to have misconceptions about the effects of aging.

Chosen Methods: Lecture/discussion by an R.N. in the nursing home, because the basic need appears to be for additional knowledge. Utilization of an R.N. in the nursing home who is familar with most of the patients allows for discussion of cases all participants are familar with -- examples can be drawn from the general knowledge base, and specific questions answered.

Other resources include slides and film strips *(which may be available)* to illustrate specific point. Words and concepts should be written on the blackboard to reinforce the learning experience.

Planning: R.N.'s and L.P.N.'s with the home were asked if they would like to volunteer to present this training session. An R.N. was chosen because of her experience in the home and desire to present the training session. The inservice education specialist reviewed with the R.N. the purpose of the session, some specific points to be emphasized, the date and time of the session, and asked what training aids the R.N. wanted to use. *(If L.P.N.'s [only] volunteered then an L.P.N. would have been utilized. If no one had volunteered, then someone would be selected.)*

OUTLINE OF LESSON PLAN

Date: December 5, 1974

Time: 1:00 - 1:35 P.M.

Place: Staff Lounge

Subject: The Effects of Aging

Speaker: Mrs. Abc, R.N.

Participants: Six new aides

Materials available: Slides, slide projector, screen, blackboard

Objectives: At the end of the training session, participants will be able to:

(1) identify at least four effects of aging in the following areas:

(a) physical

(b) psycho-s

(c) behavioral

(2) and give examples of each of the above

Feedback: The lecture should be presented in ten minute segments, with discussion with the participants concerning the specific topic immediately following each lecture segment. Participants should be told from the outset that they are free to ask questions at any time during the lecture presentation.

The last five minutes of the presentation should be used to review the content of the session and its relation to their work.

Participants will also be asked to comment on the session.

TOPIC 7: BOWEL AND BLADDER TRAINING

Identified Problem: A new Director of Nursing has been hired. In her first two weeks on the job she realizes that bowel and bladder training would benefit 20% of the patients and, over the long run, decrease the cost of patient care.

Chosen Methods: A series of training workshops -- one per week over a four week period of time -- to provide information concerning bowel and bladder training, serve as problem solving sessions, and provide support and encouragement to staff participating in the experiment. Initially two patients were selected for bowel and bladder training. All nursing personnel *(on each shift)* who had responsibility for those two patients were brought together for the first two hour training session. In the first training session the Director of Nursing explained why she wanted to institute the program of bowel and bladder training; potential rewards to staff, the home, and patient encouraged staff to ask questions, and discussed with staff the purpose, procedures, and time-lines involved in bowel and bladder training. The responsibilities of R.N.'s, L.P.N.'s and Aides were outlined, as well as procedures for resolving problems as they might arise.

In order to provide for structured discussion regarding the progress of the bowel and bladder training experiment, the Director of Nursing outlined the following staff training schedule:

Monday March 4 ---	6:30 -- 7:15 AM --- Morning and Night Shifts
	10:00 -- 10:45 PM --- Afternoon Shift
Monday March 11 --	2:30 -- 3:15 PM --- Morning and Afternoon Shifts
	6:00 -- 6:45 AM --- Night Shift
Monday March 18 --	10:30 -- 11:00 PM --- Afternoon and Night Shifts
	2:00 -- 2:30 PM --- Morning Shift
Monday March 25 --	2:30 -- 3:00 PM --- Morning and Afternoon Shifts
	6:00 -- 6:30 PM --- Night Shift

The bowel and bladder training program was scheduled to begin Tuesday, March 5. During the first workshop *(both sessions)* procedures for bowel and bladder training were reviewed and all questions answered. *(These sessions actually took between thirty to forty-five minutes)*. The second, third, and fourth sessions were devoted to questions, problem-solving, support, and review of procedures when necessary.

As the training program progressed and bowel and bladder training judged to be helpful and successful, more patients were added and more staff was involved. The Director of Nursing was able to relinquish her training responsibilities to others within the facility, since a core of dedicated experienced staff had been developed.

GUIDELINES TO EFFECTIVE BOWEL AND BLADDER TRAINING*

1. Discuss with the patient his interest concerning bowel and bladder training. Demonstrate a positive attitude in discussing B & B Training Program. Explain to the patient the procedures involved in B & B training.

2. At the same time, or prior to discussions with the patient, gain the help of staff members on all shifts to participate in B & B training. Effective B & B training will depend on the staff performing their tasks and the proper timing.

3. Write down a time schedule for B & B training specifying who is responsible for performing what tasks, at what time. This schedule should be available to all personnel who will participate in B & B training.

4. Have a positive attitude at all times towards the patient, encouraging him when appropriate.

5. Demonstrate a positive, supportive and encouraging attitude toward other staff members. Attempt to resolve any problems they may have in performing B & B tasks as soon as possible. Attempt to create a "Team" atmosphere among staff, so that they realize the value of the contributions they make. B & B training may demand more time and effort from staff members in the beginning and staff become discouraged easily.

6. Train one or two patients at a time. Do not take on more than you can handle every day.

**The following pages are taken from Selected Nursing Actions for All Levels of Nursing Personnel, published under this contract.*

DEALING WITH THE PROBLEM OF INCONTINENCE

I. Two major problems that maintains urinary incontinence in nursing homes,

A. The staff is willing to accept incontinence.

B. The patients and their families resign themselves to incontinence because they think that they have physical limitations which make it impossible for them to be continent.

II. Attitudes regarding incontinence.

A. Patient -- he sees himself not as a person who has a problem with incontinence but as an incontinent person - "A shameful condition."

B. Nurse -- her attitudes *(positive or negative)* are conveyed to the patient by her manner and tone of voice. Negative attitudes cannot be shed merely by knowing they exist. When the nurse understands and feels comfortable with her own feelings, these feelings will be much less likely to interfere with her patient relationship.

BLADDER TRAINING BASED ON HABIT, COMMUNICATION AND FLUID INTAKE

HABIT:

Demands on memory are reduced when habits are formed. Therefore, it is up to us to assist the patient in developing sound habits of fluid intake and regular toileting.

COMMUNICATION:

1 *With whom:* All who influence the patient's daily activities *(patient, family, physician, P.T., dietary personnel, all nursing personnel.)*

2 *Purpose:* To make everyone aware of the plan, to ask cooperation of all concerned, to ensure that the goal *(continence)* will be reached.

3 *Method:*

A With patient: Sit down and discuss it with the patient approaching the subject from the point of view that you intend to be helpful. Permit the patient to talk freely of his problem.

B With staff: Inservice programs where brainstorming and questions are very helpful the plan must be part of the nursing care plan. Nurses notes *(if they are accurate)* help to determine voiding patterns.

One to one communication may be used with the physician and the family.

Accurate 'intake and output' records. You may want to invite the dietary personnel to your 'inservice' program.

FLUID INTAKE:

HOW MUCH? Most adults require 2500 cc/day. *(It takes 2500 cc/day to maintain normal balance).*

WHEN? During the training period it is suggested that fluids be limited from 6:00 A.M. *(or upon arising)* to 8:00 P.M. Serve small amounts 100 cc to 150 cc frequently, establish a schedule for serving fluids.

WHAT KIND? A variety of liquids should be made available. Flavor, color, temperature, and container should be varied. Do not expect the patient to drink water only.

WARNING: If the patient has been drinking less that 2500 cc/day, do not expect him to start drinking this amount immediately; a gradual increase is much more acceptable to the patient.

NOTE: When fluid intake totals 2500 cc/day, 75% of your patients with incontinence will be relieved of their problem.

FLUID OUTPUT:

The patient must be assisted to void in the natural manner; that is, men stand and women sit on the toilet. Independence should be the goal.

A toileting-pattern must be established.

There are five (5) things that happen everyday at approximately the same time: Getting-up, eating three meals, and going to bed. These five (5) activities give the patient a time reference. Therefore, we will use them in establishing a toileting-pattern. Assist the patient to the toilet upon arising, before and after each meal, and before going to bed *(total = eight (8) times).* The patient should also be assisted to the toilet at 10:00 P.M. *(if he goes to bed earlier than this)* to empty his bladder of fluids taken at 8:00 P.M.

If the patient is incontinent during sleeping hours, he should be awakened to use the toilet just prior to the time you expect him to void. *(Or if the patient voids at other times, he should be assisted to the toilet).*

PATIENTS WITH INDWELLING CATHETER

The need for the catheter must be questioned. Is the catheter for the convenience of the nurse? Or does the patient have a physiological problem?

WARNING: After (48) hours with an indwelling catheter you can expect to find a urinary tract infection.

REMOVING THE INDWELLING CATHETER

Since there has been no stretch on the bladder since the insertion of the indwelling catheter, it is wise to allow for this stretch before the catheter is removed. This may be done by clamping and releasing the catheter for gradually increased periods of time. This must be a gradual procedure *(beginning with one hour and increasing until the bladder will hold 300-400 cc)* in order to prevent bladder spasm which is very painful. When the bladder will hold 300-400 cc, the catheter may be removed and the patient must be assisted to the toilet.

NOTE: When the catheter is removed without first allowing some stretch to the bladder, the patient may dribble and wet all the time.

REWARDS FOR THE BLADDER–TRAINED PATIENT

1 He is more comfortable and much happier. He experiences a sense of accomplishment thru which his dignity is restored.

2 His mental acuity is increased due to a proper fluid balance, reduced injection and less medication.

3 He has fewer problems with constipation and fecal impaction. His need for laxatives is diminished.

4 He experiences increased independence in other activities of daily living.

5 He feels better about himself.

OTHER ADVANTAGES

1 The cost of patient care is decreased due to:

   A. Less linen used *(which reduces the amount of linen to be laundered).*

   B. Time saved by personnel *(which was used to partially bathe patient with incontinence and to change his clothing and linen).*

2 Environment is more pleasant as the patients are more content and there is the elimination of unpleasant odors.

3 There is a feeling of achievement by the staff.

4 It serves as an excellent example of what rehabilitation nursing can do through the efforts of the entire staff.

BLADDER TRAINING PROGRAM

Purposes: *1* To provide the patient with a voiding function that will hasten his effort toward rehabilitation.

2 To preserve the complete functioning of the urinary tract.

Methods: *1* Fluid intake -- controlled fluid intake is important and must be accurately controlled as to both time and amount. The time interval for fluid intake is 6:30 A.M. to 7:30 P.M. Fluids outside of this interval should be discouraged and discomfort may be relieved by rinsing out the mouth with water. The schedule for fluid intake should be:

6:30 A.M.	(or on arising)	-- 240 cc. (one water glass)
7:30 A.M.	(meal time)	-- 300 cc.
9:30 A.M.		-- 240 cc.
11:30 A.M.	(meal time)	-- 300 cc.
2:00 P.M.	(nourishment)	-- 240 cc.
3:30 P.M.		-- 240 cc.
5:30 P.M.	(meal time)	-- 300 cc.
7:30 P.M.		--240 cc.

(NOTE: Fluids with oral medications may be given at any time. The above schedule for fluid intake will insure the patient of an optimum amount of fluids for a 24 hour period. Fluids in excess of the amounts scheduled may be taken during the hours of 6:30 A.M. to 7:30 P.M.)

2 Catheter Control -- The catheter should be clamped for a given period then unclamped. The aid is toward a bladder volume of 250 to 350 cc's. A volume over 400 cc. should be discouraged. The catheter may be released for discomfort, but the time should be noted and also the exact amount. At the time of the release of the catheter the patient should be encouraged to bear down and strain his abdominal muscles. The following schedule will be followed:

1st day -- Clamp catheter at 8:30 A.M. -- then, release catheter every hour (9:30, 10:30, 11:30, etc.)

2nd day -- Release catheter every two (2) hours (8:30, 10:30, etc.)
Record amount of urine each time.

3rd day -- Release catheter every three (3) hours (9:30, 12:30 etc.)
Record amount of urine each time.

4th day -- Release catheter every four (4) hours (10:30, 2:30, etc.)
Record amount of urine each time.

3 Continued Control -- The 4th day of the catheter control plan should be repeated on the 5th, 6th, and 7th days. On the 8th day the catheter should be removed and patient's bladder given a chance to operate by reflex.

(NOTE: A schedule for releasing the catheter during the hours of 9:30 P.M. to 6:30 A.M. will be written on an individual basis.)

BOWEL AND BLADDER WORKSHEET FOR: _____

(Name)

HISTORY OF BOWEL AND BLADDER PROBLEM BEFORE PRESENT ILLNESS? _____

BOWEL AND BLADDER PATTERN SINCE ILLNESS _____

DATE BOWEL AND BLADDER PROBLEM STARTED _____ CAUSE OF PROBLEM IF KNOWN _____

REACTION TO PROBLEM _____ RETRAINING PROPOSAL _____

TIME OF PREFERRED DEFECATION _____ VOIDING INTERVALS _____

DATE	FOOD INTAKE	FLUID INTAKE	ACTIVITY TIME & TAKE	MEDICATIONS	TIME PUT ON COMMODE	TIME LAPSE BEFORE RESULTS	STOOL CONSISTANCY	AMT. VOIDED	REMARKS

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Design of the program

— Were specific objectives developed?

— Were those objectives related to felt needs?

— Did program try to accomplish too much or too little?

— Was the planning flexible enough to deal with problems and needs as they arose?

— Was the scheduling realistic?

— Was enough information given?

— Were the specific objectives met?

— Did the plan focus on the involvement of the participants in developing the program as well as in the actual training?

— Was there a plan for evaluation of the program? Was it followed?

Plans for the program

— Were trainees properly notified of time, place and location of training?

— Was ample parking available?

— Were directions to the site clear?

— Was the scheduling of the program done properly -- could the trainees arrive on time?

— Were the facilities adequate for the number of trainees?

— Was training room set up for use of a/v aids?

— Was ventilation and lighting good?

— Were kits and supplies prepared and distributed beforehand?

Note: Where relevant you might ask the trainees some of these questions.

An ideal evaluation would show quantitatively how well the objectives were met. But even with well developed specific objectives, it's not always possible to evaluate training quantitatively. Certain evaluation data will be based on opinions, feelings, observations and interpretations of both trainers and trainees. The best way is to plan the evaluation ahead and include several different ways to obtain pertinent information.

The following evaluation methods have all been used successfully and their most appropriate applications are indicated. Like all the materials discussed these are intended primarily as examples.

Pre-test/Post-test -- An identical test *(usually written)* given before training and after.

Most appropriate uses: Before and after testing gives a reasonable quantitative and objective reading of information-learning. It also helps to specify issues and areas of information needing reinforcement and review.

Opinion/AttitudeQuestionnaire -- Open-ended questions given immediately following training to elicit the reactions to the program or the trainer (s).

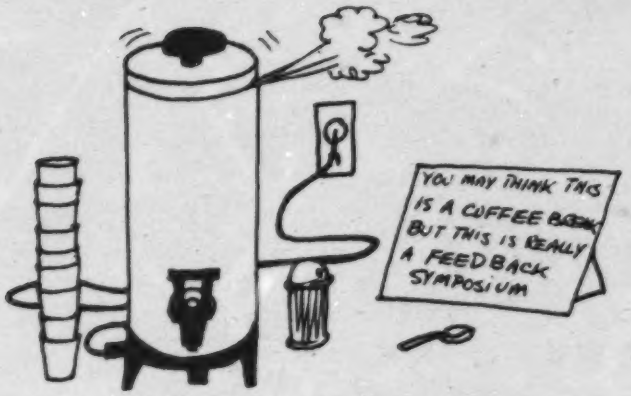
Most appropriate uses: To determine participants' evaluation of overall program design, materials, trainees' attitudes and behaviors and the relevance of training to trainees' felt needs.

Trainer Observation -- The direct observation throughout delivery of training. Such observations may be organized in several ways: listing problems encountered and how they were dealt with; noting periodically trainer's reactions during delivery; summarizing strengths and weaknesses of each session or whole program.

Most appropriate uses: Observation is useful for all aspects but particularly helpful in evaluating such things as program design, trainee reactions, trainee comprehension, training techniques, whether objectives met real or felt needs, facilities and logistical arrangements, consultant trainers.

Trainer/Trainee Group Evaluation Session -- The trainer designs a training session to evaluate the program. Part of the time is set aside to check specific items, learnings, change, etc. Part of the time is open for trainees to focus on what they think was most important or what hindered the program.

Most appropriate uses: Trainee reactions and learnings; attitudinal changes; facilities; program design and delivery; trainer skills; relevance of objectives to felt or real needs; involvement of trainees.



Post-Session Exams -- When there is fear that testing before will confuse or alienate trainees at the onset, an exam is given after.

Most appropriate uses: Information learning; clarity of understanding.

Post-Training Practice Session -- Session in which trainees use skills and techniques presented in training, e.g., role play practice of family planning interview.

Most appropriate uses: Skills learning *(presentation of patient education program, interviewing, etc.)*

Follow-Up Trainee Evaluation Forms -- Two to three month check after training to find out how training helped on the job *(if not, what would have been more helpful).*

Most appropriate uses: To measure results and behavior changes in relation to trainee's job; points out need for new training.

Follow-Up Supervisory Evaluation Forms -- Two to three month check by supervisor (s) of the trainees. Since the supervisor didn't attend the training, he cannot evaluate the program directly, but can judge apparent behavioral, attitudinal and skill changes in the trainee on the job.

Most appropriate uses: To measure results and behavior changes in relation to trainees' performance; skill and attitude changes; points out unmet needs.

FOLLOW–UP EVALUATION BY PARTICIPANTS
(SAMPLE 1)

Read this first:

A few weeks ago you took part in a training program.

By asking you the questions in this questionnaire, we want to find out just how helpful that training was. It is important that you answer every one of the questions in some way -- even if all you can say is "I don't know" or "this question doesn't apply to me".

With your answers we will be able to tell a little better how well we helped you with your job, and we'll be able to tell what kind of training you may still need.

Please take the time to be careful and complete.

JOB TITLE: _____

UNIT: _____

DATE: _____

(Note to the trainer who uses this questionnaire: Many of the questions that follow are designed to determine participant's achievement of certain specific, though hypothetical training objectives. They are examples that may not make sense outside the context of this hypothetical program. When devising a questionnaire of this kind, the specific objectives of the program you are evaluating should provide a basis for similar questions.)

FOLLOW–UP EVALUATION - PARTICIPANTS
(SAMPLE 2)

Training is effective only if it changes the way you do your job, and it is good training only if the change is for the better. To really evaluate the training you received, ask yourself if you have in fact changed the way you do your job.

If you have, try to describe in the space below, something that has happened to you, an event, or something you have done since the training that shows how you have changed.

(If you don't think you've changed at all, please say so. PLEASE DO NOT LEAVE THIS SPACE BLANK – WE WILL THINK YOU MISSED IT).

FOLLOW–UP EVALUATION BY PARTICIPANTS
(SAMPLE 3)

1. I feel I understand my job:

   ( ) less than I did before the training program.

   ( ) about as well as I did before the training program.

   ( ) better than I did before the training program.

2. I feel I understand my co-workers' jobs:

   ( ) less than I did before the training program.

   ( ) about as well as I did before the training program.

   ( ) better than I did before the training program.

3. Some of the skills a good nursing aide needs are: _____

   _____

4. Some common fears or attitudes that patients have when first brought to a nursing home are: _____

   _____

5. Some specific things we can do to overcome these fears or attitudes are: _____

   _____

6. In general, I think I work with new patients:

   ( ) worse than I did before the training program.

   ( ) about as well as I did before the training program.

   ( ) better than I did before the training program.

Please explain the answer you chose: _____

_____

_____

_____

7. If asked to, I can explain what I am expected to do on my job:

( ) less than I could before the training program.

( ) about as well as I could before the training program.

( ) better than I could before the training program.

I would still have some difficulty understanding and explaining:

8. I think our nursing staff communicates with one another and works together:

( ) less than it did before the training program.

( ) about as well as it did before the training program.

( ) better than it did before the training program.

Please explain the answer you chose:

QUICK FEEDBACK SHEET
(SAMPLE 4)

Answer the following questions by circling the number under each one that comes closest to how you feel right now.

Do you think this session was worthwhile?

YES, VERY WORTHWHILE 1 2 3 4 5 6 7 8 9 10 NO, WASTE OF TIME

How much do you feel you personally needed this session?

VERY MUCH 1 2 3 4 5 6 7 8 9 10 NOT AT ALL

How well do you feel others in the group needed this session?

VERY MUCH 1 2 3 4 5 6 7 8 9 10 NOT AT ALL

How well do you think the trainer(s) did his/her job(s)?

VERY WELL 1 2 3 4 5 6 7 8 9 10 POORLY

What did you like most about the session? _____

_____

_____

What did you like least about it? _____

_____

_____

Any other comments, suggestions or complaints? _____

_____

_____

_____

PARTICIPANT REACTION SHEET
(SAMPLE 5)

1. I think this session was _____

_____

_____

2. During this session I felt _____

_____

_____

3. I wonder if _____

_____

_____

4. I learned _____

_____

_____

5. I think other people in the group _____

_____

_____

_____

_____

GENERAL EVALUATION OF THE TRAINER(S) TO BE FILLED OUT BY PARTICIPANTS
(SAMPLE 6)

Please put a check ( ) in the appropriate column next to each question, and comment in the spaces below each question.

NAME OF TRAINER: _____

How well did the trainer.....	Very Well	Fairly Well	Needs Improvement
1. Help the group to understand the purpose of what they were doing as they went along? (comment):	( )	( )	( )
2. Give instructions? (comment):	( )	( )	( )
3. Explain or clarify information? (comment):	( )	( )	( )
4. Encourage discussion by asking good questions? (comment):	( )	( )	( )
5. Encourage discussion by letting others speak? (comment):	( )	( )	( )

	Very Well	Fairly Well	Needs Improvement
6. Encourage and accept criticism from others? (comment):	( )	( )	( )
7. Show sensitivity to the group's feelings and needs? (comment):	( )	( )	( )
8. Help the participants to share their ideas and experiences with one another? (comment):	( )	( )	( )

Any general comments or suggestions?

GENERAL EVALUATION OF THE TRAINING PROGRAM
TO BE FILLED OUT BY PARTICIPANTS
(SAMPLE 7)

This program had certain definite objectives it was designed to reach.

1. List what you feel were five of the program's most important objectives. How close do you think the program came to reaching the objectives you've listed?

   1. _____

   2. _____

   3. _____

   4. _____

   5. _____

2. How much of the program did you think was needed?

   ( ) all of it.

   ( ) most of it.

   ( ) some of it.

   ( ) none of it.

   Please comment

   _____

   _____

3. Did you get as much out of the program as you expected? Explain why or why not:

   _____

   _____

4. Were you satisfied with the amount of **factural information** that was presented in this program? Please comment:

_____

_____

5. Trainees participated to a certain extent in planning the program. Do you think:

( ) trainees should have been more involved in planning it.

( ) trainees should have been less involved in planning it.

( ) the involvement of trainees in planning the program was about right.

Please comment:

_____

_____

6. The program was designed to encourage trainees to share experiences and ideas with each other. Do you feel there was enough opportunity for everyone to do this? Please comment:

_____

_____

7. What problems or dissatisfaction did you have with the way the program was scheduled?

_____

_____

8. If you were to begin the program all over again, how would you want it to be different?

_____

_____

PRE–TEST EVALUATION
(SAMPLE 8)

Last four numbers of telephone number _____

Job title _____

1. Please identify four (4) physiological (physical) effects of the aging.

   (1) _____

   (2) _____

   (3) _____

   (4) _____

2. Please identify four (4) psycho-social effects of aging.

   (1) _____

   (2) _____

   (3) _____

   (4) _____

3. What are four (4) things you can do as a staff person which are helpful to your patients?

   (1) _____

   (2) _____

   (3) _____

   (4) _____

POST–TEST EVALUATION
(SAMPLE 9)

Last four numbers of telephone number _____

Job title _____

1. Please list at least six (6) physiological (physical) effects of aging.

   (1) _____

   (2) _____

   (3) _____

   (4) _____

   (5) _____

   (6) _____

2. Please list at least six (6) psycho-social effects of aging.

   (1) _____

   (2) _____

   (3) _____

   (4) _____

   (5) _____

   (6) _____

3. Please list at least four (4) staff behaviors which aid the geriatic patient.

   (1) _____

   (2) _____

   (3) _____

   (4) _____

4. Other information learned in this training session _____

14 SAMPLE INSERVICE EDUCATION REPORT FORM

INSERVICE EDUCATION REPORT _____ DEPARTMENT

DATE: _____ TIME: From _____ To _____
(Month) (Day) (Year)

Staff Person in Charge: _____

Speaker: _____

Topic: _____

_____

Resource Materials Used: _____

_____

Main Points Covered: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Use back for Attendance)

In Attendance

Name	Job Title

15 PROBLEM SOLVING CONFERENCE -- STAFF MEETINGS

Staff meetings or conference are generally called for the purpose of solving work problems, but they also provide training opportunities.

This is the kind of conference which can be most productive if a "free" climate is set, the problem is explained, the question is stated, thoughts and opinions are gathered, discussion and evaluation take place, solutions are suggested, a decision reached and action is indicated.

The supervisor/trainer should strive to create a situation in which each worker/trainee is safe to say what is on his mind; free to oppose or agree with the "status" persons; free to tell the real reasons for opposing an issue; given a chance to contribute his ideas toward bettering the group or agency; and finally, able to make a decision and commit himself to a course of action.

These freedoms cannot be achieved by simply stating they exist. In order to be achieved, the supervisor/trainer must set the tone of the meeting or of the session; group members will usually follow his lead.

> The supervisor/trainer must become interested in listening to group members/workers and to do so without making judgmental statements as to the quality of ideas or as to contributions.

This non-evaluative attitude is difficult to achieve. It can, however, be practiced in conferences where the supervisor/trainer acts as the leader, and as he tests his abilities and increases his confidence he can translate the action within the group to action within the agency.

A great deal has been said about "administration by exception," and about the "development of the employee by delegation." But, too little has been said about the anxieties created in the leader who so delegates without having the assurance of proper controls.

As the leader/supervisor/trainer develops competence in creating the proper group and home climate, he develops control by facilitating communications far beyond what is normally possible. When a worker/trainee feels free to talk about plans, attitudes, actions, and more to the point, about mistakes, this function begins to operate most effectively.

While training is one of a supervisor's prime responsibilities, there comes a time when workers should be able to make most decisions connected with their jobs for themselves.

Of course, some supervisors may feel that they should not permit workers to have this freedom and refuse to delegate any details "because in the end it's my responsibility," and "I like to stay right on top of every job."

But if you take this attitude you get bogged down in details and never get around to the broader duties of your job such as planning or studying new methods. This situation can destroy your enthusiasm and prevent you from making progress.

Development Training

Among the various types of supervisors are two with completely opposing views regarding the development of their workers toward accepting more responsibility.

One of these runs a "one-man" unit/home from the standpoint of making every decision for his workers and taking care of all the details himself. This is the supervisor who complains that he has to "beat his brains out" just to keep his unit/home going.

His counterpart, on the other hand, builds himself a satisfactory job by letting the workers run the show as far as possible and practical. He builds the kind of operation that he knows will not fall apart in his absence, because his assistants and his workers are used to handling their jobs without having to run to the supervisor with every problem.

Some of the tangible results from the second method of supervision are:

1. Consistent volume or level of production.

2. High quality in the services rendered.

3. Smaller percentage of inefficiences.

4. Fewer number of worker relations problems.

The key to building a unit/home where teamwork, rather than a "one-man team," is responsible for getting the job done, is the attitude of the supervisor. This is based on the belief that **We can do a better job that I.** In other words, he must respect the fact that his workers are capable of solving many of their own problems, and he must respect the other worker's opinion.

It may require patience to sit back and see workers fumble a few times when you could have told them how to avoid an error. It is human nature to want to get in and take over the play, yet in order to build a successful work-force you must make allowance for errors of inexperience and train your workers how to solve their own problems when they can.

Training Workers to Solve Problems

Most of your workers could solve most of their job-connected problems themselves.....if they only thought so. But so often they become so used to asking questions their first few weeks on a job that they develop a habit of checking out every problem with you, more experienced workers, or even a "trainer."

If you see that pattern like this has developed in your unit, you can help the workers to develop their initiative and reap the benefits of their collective brain power by training them to think for themselves. This isn't really as difficult as it sounds and can usually be done through adroit questioning.

Here are some suggestions that will help you to prompt your workers to solve their own problems:

Question Number 1: "Can you clarify that a little for me?"

This type of question forces a worker to examine his problem and define it thoroughly, With a routine problem, after thinking about it to rephrase or expand the question, the worker frequently indicates that he really knows the answer.

You can point this out to him and suggest that he think about a problem a little more before he comes to you for a solution.

If he doesn't seem to be any closer to an answer when he defines the question better, ask for an illustration or a restatement in fewer words. If none of these seem to jog him sufficiently, tell him what you understand the problem to be and get his agreement on it.

Question Number 2: After the worker has a clear idea of what the problem is, ask him: **"How do you think we should handle it?"**

If you have been in the habit of solving all of his problems, his first reaction will probably be surprise. But you may have a surprise in store, too. Most workers will come up with a satisfactory solution on the first try. Not because they have become smart all of a sudden, but because for the first time they have applied their minds to the task of seeking an answer.

Of course, you may get a reply like: "If I knew the answer, I wouldn't have asked you." But you can still give the problem back to him by seeking what he would do if neither you nor your supervisor were around to ask. If you let him run the question over to you, his mind will cease to consider it while he waits for you to bail him out.

Question Number 3: When workers first start trying to solve their own problems, they will frequently come up with a partial answer only, or one not fully thought out. Then you should ask: **"Can you think of any other ways to solve this problem?"**

This line of questioning will bring out the fact that there are usually several ways to handle a problem and frequently the first one that pops into a person's head can be improved upon. If a

worker sees for himself that he can usually find multiple answers to his questions, he will be encouraged to think his problems through before coming to a conclusion or deciding he needs help.

If you can convince your workers that they have problem-solving capabilities, you'll soon find you'll be consulted only on the major problems to which you can devote more time. Consequently, you'll be getting better results all around.

Question Number 4: If by this time, you have managed to elicit a number of solutions to the worker's problem, your next question is, obviously: ***"Which one of these ideas do you want to use, or should it be a combination?"***

This is a good way to prove that it is not always the best idea to pick the first solution that comes to mind. If it is quite obvious to both of you that one is clearly superior, then selection is easy. But is several have merit, then the worker gets a chance to gain experience in selection. Or, if the best answer is a combination of points from various ideas, he will be able to see the value of thinking each problem all the way through.

Perhaps, especially at first, you will run into the situation of being given a set of ideas which produce a somewhat confusing pattern. Then you may have to explain which ideas are useful and which you think might work.

However, what you are trying to do is arrive at a point where you can tell the worker: "That should work. Why don't you try it?" You may not have to conver all the ground discussed here for you want to get a workable solution as soon as possible.

There is no sense in carrying the lesson beyond the point where the worker sees what the solution is and, of course, you want that point to come with no direct contributions from you. But suppose there happens to be a number of ideas that are seemingly unrelated, and no effective combination immediately apparent. That is when you'll have to go one step further.

Question Number 5: ***"We've got a lot of ideas here, do you think you can come up with a plan that'll work?"***

Actually you are asking him to review the problem at least one more time and usually he will be able to come up with a satisfactory plan.

The more times you put a worker through this routine, the shorter each question period will be and it won't be long before all you'll have to do is ask for clarification of a problem, and what he thinks might be done.[14]

In 1949 Myles Mace authored a little book entitled *The Growth and Development of Executives,* based upon his survey of numerous company activities. He concluded that the most effective way of providing for the growth and development of staff is through the conscious **coaching** of workers by their immediate supervisors.

The objective of the supervisors job, in other words the coach's job, is to utilize the abilities and capacities of others. Effective utilization means developing the latent potential of workers.

Coaching workers is, therefore, not merely some technique to be adopted and used by administrators as a tool, a method or a device. Mace said that coaching is a way of administration; it is administration.

Studies of coaching stress that supervisors should:

1. Give their workers an opportunity to perform
2. Provide an atmosphere of confidence
3. Establish standards of performance
4. Create an effective team
5. Counsel workers on their work performance on a regular individual basis.

The supervisor who sees value in providing formal interviews *(individual worker conferences)* is seen by his workers as an individual who is likely to:

1. Let him know what is expected of him
2. Let him know how he stands
3. Supervise him "about right"
4. Provide frank statements about his performance
5. Utilize appropriate motivational methods.

"Coaching" has been generally recognized as a most important factor in the development of supervisors. However, evidence reveals that getting supervisors to improve their coaching practices is extremely difficult. Yet, improvement can be secured if a comprehensive series of efforts is programmed and then implemented. Improvement cannot, of course, be gained or even expected without considerable effort and time.[16]

Performing personnel evaluations is a task nobody likes to do. Usually both the supervisor and worker are very ill at ease -- probably because neither knows enough about what is to be evaluated.

Some workers are very pleasant, neat, and never tardy, but don't seem to get anything done.

Some workers are personal friends and you feel you might be criticized for the rating you give them.

Some workers do a good job but seem to have a "bad" attitude.

How do you evaluate them?

A reliable personnel evaluation is based upon an accurate job description which defines the specific tasks a worker is expected to perform. These tasks, and the evaluation ciriteia, are known to both worker and supervisor. Job descriptions should be updated periodically to make sure that they describe as accurately as possible jobs performed in the home.

Attitude is also important. But what is attitude? Attitude -- those elements which administration thinks comprise a "good" attitude should be defined in writing as specifically as possible, with concrete examples given. This measurement too, should be known to all.

Dress codes and other expectations of behavior on-the-job should be reveiwed with new workers during orientation and reveiwed with experienced workers when appropriate.

Personnel evaluation should be expressed terms of "we want to do a better job; improve the home, the quality of care etc." It should **never** be used as a threat.

Formal evaluations of all staff members should take place at quarterly intervals. But you shouldn't wait until then if a problem arises.

Supervisors should be evaluated by their workers as well as by the unit head or Director of Nursing. Personnel evaluation should not be a one-way down process. In asking workers to evaluate their supervisor, anonymous questionnaires might be used in order to obtain honest information.

Every worker should also evaluate him/herself. This evaluation should be shared with the supervisor during the personnel evaluation.

Supervisor and the worker should set 15 minutes aside to discuss the personnel evaluation. Each worker should know the content of his performance evaluation report.

In Performing a Personnel Evaluation:

Ask yourself:

1 Are the evaluation standards clear, in writing, known to all, understood by all?

Job descriptions which state specific tasks

Attitude standards which are specific and give examples

Dress codes or other standards specified

(Sometimes all of the above will be included in a job description).

2 How do co-workers perceive the worker?

3 How do subordinants perceive the worker?

4 Have you observed him/her performing the job?

5 What do patients have to say about the worker? *(This is something you want to know but may have to weigh carefully)*

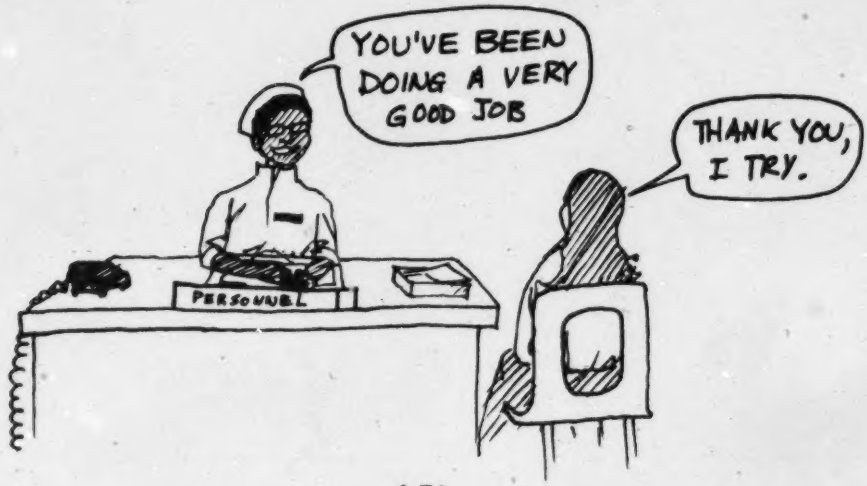
6 Have I given the worker feedback about his performance, when appropriate? *(Workers should be given positive or critical feedback from the supervisor as tasks are performed. Don't wait to praise good performance, or correct poor performance -- do it at the time it occurs.)*

7 Have I, the supervisor, provided instruction or instructional opportunities for the worker?

8 Have we had a face to face meeting to discuss my evaluation of his performance **and** his own evaluation of his performance.

9 What steps need to be taken to improve his performance?

10 What steps need to be taken to improve my supervision of the worker?



Obtaining Training Needs from Personnel Evaluations

Let me state again that training is not a cure-all. However, if you are performing reliable performance evaluations, certain needs which can be met *(or partically met)* by training may surface.

If the worker is not performing his assigned tasks to the level of performance expected, *(And this lack of performance is not due to being impossible over-worked.)* then training to improve knowledge or skills is indicated. The training, of course, will cover those tasks identified as needing improvement. If, after training, the workers performance has not improved and the training was satisfactory, then the supervisor should explore with the worker what other reasons exist for his poor performance.

Training can improve knowledge, skills, give insight and understanding. Hopefully, knowledge, skills, insight and understanding will improve attitude. But the most effective method of improving attitude is to make the worker realize he is an important member of the nursing home team -- not buddy, child, sister, mother -- but a **member of the team** whom you rely on to do good work.

Practical Tips on Staff Utilization

(We realize that these tips are not useful for all nursing homes, but they are distilled from many years of experience in training and managing staff.)

1 Find out what the worker **likes** to do.

2 What he **dislikes** doing.

3 Find out what his/her Aspirations are and how this job fits in.

4 Try to allow for enough flexibility in the job so that the worker spends the majority of time planning work tasks he enjoys.

5 If you have a problem in the way work is organized, or want to create changes to improve the home -- ask your staff for their thoughts, you may be surprised at their insight and suggestions.

6 If it is **clear** that you should fire a worker -- do it now. To keep a worker around *(who knows he's about to be fired)* because you just don't have the heart to do it or "can't quite do it" lowers staff morale.

7 Live by the standards you set for others. Respect is earned.

8 Be honest and open -- you don't have to be the expert, the "super-person", all the time -- give others the chance to help you.

9 Coordinate and cooperate with other departments -- you and your staff aren't out there by yourselves. You may be pleasantly surprised at how much easier your job becomes.

10 Show people that you view them as individual human beings and value their contribution to the job -- make sure that they realize they are more than just cogs in a money-making machine *(even if you didn't make a profit last year).*

11 Find out what constitutes a "reward" to each person on your staff and reward them as appropriately as you can. With some people it's money, with others praise, allowing them to take incentive learning new skills, having time off to attend school etc. "Reward" is not reward if the person receiving it does not perceive it so.

attitude change -- a different viewpoint toward people, things or ideas from one previously held: a general objective of training that is immeasurable.

attitude-opinion questionnaire -- an attempt to measure change in attitudes and opinions; the questionnaire is filled out by trainees before training and after; results are then compared.

behavior change -- a way of conducting oneself or performing one's job after training that is different from before; a measurable training objective.

brainstorming -- a free-wheeling technique where creative thinking is more important than practical thinking. The purpose is to get out the largest number of ideas possible in a short time. A question *(topic)* is presented to the group. While someone writes down what is said, all thoughts, ideas -- more or less by free association. No comments or criticisms are permitted until after the specified time for brainstorming is past. Anything and everything offered is jotted down. Each participant is encouraged to say whatever he wishes -- even if it appears strange or far-out. The idea is for participants to stimulate each other's thinking.

After brainstorming, the group clarifies, categorizes, ranks or discusses, one item at a time, whatever has been listed -- depending on the situation.

buzz group (small group discussion) -- purpose is to involve as many participants as possible in the discussion of a topic or question. The general group is divided into sub-groups of 3 *(triads)* to 5 members for a limited time. All groups are given a specific question to answer or other task to complete. The time is kept purposely short *(5 to 10 minutes)* in some cases, when the pressure of time seems helpful to the production of ideas. Each group reports results of its discussion to larger groups.

case studies -- a training aid; trainees are presented with a real or imagined problem that they might encounter on the job and asked to arrive at a plan of action to solve the problem presented. Case studies can be used individually, within buzz groups, or with the entire body of trainees.

consultant -- a resource person brought in temporarily to assist in training by providing special skill or expertise in a specific area.

critical incident -- a training technique that dramatizes a real life event in written, audio, or visual form and requires trainees to make decisions and perform acts at a "critical" moment in the situation presented; used to prepare trainees to anticipate and handle such situations when they arise on the job.

demonstration method -- a training method that involves showing how to use a procedure or perform an act; often followed by trainee carrying out the activity under the supervision of the trainer; basically a visual presentation followed by an oral discussion.

discussion stimulator -- anything used to bring about a discussion, such as a picture, a quote, a case study, a questionnaire, a list of ambiguous statements which trainees are asked to agree or disagree with, a true-and-false test, a tape recording, a statement, a movie, etc.

evaluation -- the process of finding the value or worth of a training program or session. The formal training evaluation record might contain (1) general information *(number of trainees, attendance records, training techniques, subjects, etc.)* (2) evaluation methods and procedures used; (3) results of these evaluation methods and procedures; and (4) recommendations.

feedback -- communication to a person *(or group)* that gives that person information about how he affects others an helps him better understand and control his behavior. Feedback is a corrective mechanism for the individual who wants to learn how well his behavior matches his intentions; it deals only with behavior, not with intentions.

field training -- training conducted in an actual work situation; allows trainees to apply what is learned in the classroom; usually part of a larger training program which also includes classroom instruction.

flip chart -- a visual aid; consists of large sheets of paper mounted on a pad. *(Each sheet is easily flipped over to reveal the next sheet.)* Usually refers to collections of charts, illustration *(e.g. depicting Contraceptive Methods)* used during demonstration-lectures. Also used to refer to blank pads of newsprint paper used instead of blackboard. Sheets easily torn off and taped on walls for easy record of discussion or lecture.

forced-field analysis -- a training technique for analyzing problems; consists of listing side by side forces that seem to be helping and forces that seem to be hindering the achievement of a stated goal *(or resolution of a problem)*. This listing helps to clarify and define the problem. In addition, possible strategies for dealing with the problem are usually made clear: those forces that help achievement of the goal should be encouraged or strengthened those that hinder this achievement should be eliminated or weakened.

group dynamics -- the study of the forces at work within a group that affect the way it works together.

group process -- actual, concrete behavior in a group; **how** things happen *(who talks to whom, how decisions are made, how the group handles conflict, etc.)* **rather than** what is talked about.

guided group discussion -- a structured discussion whose purpose is to cover certain pre-determined areas or points. Format: done with large group, trainer acts as discussion leader. Using an outline or list of "discussion points", he guides discussion to be sure desired information is shared and discussed, focus is usually on sharing information.

information sheet *(handout)* -- learning aid given trainees to support a presentation; may be narrative or outline, trainer-made, or copied from published materials.

lecturette -- a training technique; a short informative talk on a limited subject during which questions and comments are discouraged. In training, purpose is usually to stimulate discussion, summarize preceeding discussion, or comment on a specific event.

on-site training -- training conducted in the office or center where the trainees are based. On site training is not the same as field training, where trainees are in an actual work situation.

on the job training *(OJT)* -- a kind of individualized instruction; training that takes place while the trainee is actually doing his job under supervision; differs from **field training** only slightly: field training is usually part of a larger program in which trainees apply their training on the job, then return to classroom to share and discuss what they've learned. OJT usually stands on its own.

orientation -- adjustment and familiarization to a situation or environment, such as a new job or new responsibilities.

panel -- a training method involving four to eight people on an assigned topic in front of the training group; panel members are often experts in the field under study, but representing various backgrounds or opinions. Moderator ensures equal opportunity to present information and ensures that topic is covered in depth. Panel discusses topic for specified time, then is open for question from the floor.

pre-post test -- a test given before *(pre)* the training program begins and and after *(post)* the program; the questions deal with factual material that is included in the training program; results before training compared with results after training measure the amount of factual information passed on during training; an evaluation tool.

pre-service training -- training provided before the trainees have actually begun doing their jobs, as opposed to in-service training.

problem-oriented training -- training geared to the actual problems that face the people being trained; emphasis on practicality, not theory.

process -- a continuing development involving many changes; a particular method of doing something, generally involving a number of steps or operations. Used here to mean the manner and steps by which training brings about change in trainees' behavior; how trainees learn.

programmed instruction - individualized training method in a self-instruction format, using print and/or non-print materials: questions are "programmed" or ordered in such a way that correct knowledge is reinforced and mistakes or errors corrected. Examples: programmed textbooks, teaching machines, computer assisted instruction.

role-play -- training technique in which trainees are assigned particular parts to play *(for example, landlord and tenant, or interviewer and interviewee)* in a specific situation *(for example, an eviction, or a job interview).* The trainees in the group who are not assigned a role to play act as observers and discuss the behavior of the role players, both good and bad, at the end of the role-play. The trainer also offers his criticisms and suggestions. The trainees playing the assigned roles learn by doing and the other trainees learn by observing. Role-plays may be **rehearsed,** i.e., specific roles and situation practiced beforehand to produce a certain effect; **spontaneous,** i.e., trainees are allowed to define their own roles within a specific situation -- usually related to their jobs, and **structured,** i.e., trainer defines the situation and assigns specific roles to the trainees. Role-plays should always be followed by discussion *(I-A-G)* period.

roundtable discussions -- a relatively unstructured discussion in which all participants are considered equally "expert", Format: Usually large group *(8-10 people);* leader may or may not be trainer. Leader's role is limited to monitoring participation and keeping the discussion focused.

seminar -- a kind of discussion-group usually led by an expert in the particular field under study; each member expected to do his own research and members exchange information through reports and discussion.

sensitivity training -- a kind of training in which trainees try to learn about themselves and how they relate to others *(sensitivity to their own feelings and the effects of their behavior);* usually done through experience in an unstructured group *(often called T-group)* which has no stated objectives; ultimate goal is to improve trainees' interpersonal skills in order to function more effectively as members and leaders of groups.

simulation -- a contrived or artificial educational experience which has the characteristics of a real life situation; allows trainees to practice making decisions and experiment with taking action in a "safe" setting prior to actually interacting with people and things on the job. Examples are driver/trainer simulators, education "games" such as Monopoly or Blacks and Whites, and role-plays.[16]

As you know from your own paperwork, and the amount of literature which crosses your desk, information is available literally by the ton. The problem is choosing what you can use -- and that's something you will have to do, and to make time for. *(Here's a tip: It's a real time-saver if you can make a friend at your local library. One good librarian who enjoys providing reader services is worth a thousand reference lists.)*

The periodicals and newsletters published by professional societies and organizations are always full of useful information; so are some general-circulation magazines.

The following suggestions are far from comprehensive. In fact, the entries were selected from nearly 6,000 references accumulated in less than 16 months by the Nursing Home Trainer Program. They're only a small sample of what is out there is the way of information and related services.

National Organizations

Adult Education Association of the U.S.
1225 Nineteenth Street, N.W.
Washington, D.C. 20036

American Nursing Home Association
1025 Connecticut Ave., N.W.
Washington, D.C.

National Academy for Health Inservice Education
20 North Wacker Drive
Chicago, Illinios 60606

National Association for Practical Nurse Education and Service
122 East 42nd Street
New York, N.Y. 10017

National League for Nursing
10 Columbus Circle
New York, N.Y.

The Gerontological Society
1 Dupont Circle
Washington, D.C. 20036

In addition, you should check your local telephone books and service directories for local affiliates and chapters of these and other professional organizations. Local chapters of voluntary agencies or service organizations may have useful items as well, or provide additional suggestions for local sources.

National Voluntary Agencies

For free or inexpensive information on the diseases/disorders associated with aging:

American Diabetes Association
18 East 48th Street
New York, N.Y. 10017

American Foundation for the Blind
15 West 16th Street
New York, N.Y. 10011

American Heart Association
44 East 23rd Street
New York, N.Y. 10010

American Rehabilitation Foundation
1800 Chicago Avenue
Minneapolis, Minn.

Other Resources:

The U.S. Government Printing Office, in Washington, D.C. regularly issues lists of inexpensive publications on a vast variety of subjects. Lists and catalogues are also available from your state and local health department, and from whatever department in your own state government has a division on aging.

Many commercial sources offer information on nutrition, activities of daily living, medicines, prevention of illness and disability. These include insurance and pharmaceutical companies, health plans, food companies, and so on. Many will supply not only literature, but very useful visual aids, and usually there are no strings attached. Many are free for the asking.

Volunteer groups from churches, senior citizens' groups, youth organizations and service organizations in your area may take on a "project" of teaching reading, writing and basic arithmetic skills to such of your personnel as have little education or may be non-English-speaking.

And don't ignore the possibility that some of your patients -- or their families -- can be teachers too. If you try it, be prepared for some problems, but for the agreeable surprises too.

Finally, to give you an indication of the wealth of material that exists, a master list of annotated references, developed by the Nursing Home Trainer Program, is available upon request to the United Hospital Fund of New York, 3 East 54 Street, New York, N.Y. 10022.[16]

Federal Register, Vol. 39, No. 12

Thursday, January 17, 1974 Standards For Certification and Participation in Medicare and Medicaid Program, Page 2243.

(h) Standard: Staff Development. An onging, educational program is planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled. Each employee receives appropriate orientation to the facility and its policies, and to his position and duties. Inservice Training includes at least prevention and control of infections, fire prevention and safety, accident prevention, confidentiality of patient information, and preservation of patient dignity, including protection of his privacy and personal and property rights. Records are maintained which indicate the content of, and attendance at, such staff development program.[17]

Mager, Robert F. and Beach, Kenneth M. *Developing Vocational Instruction,* Fearon Publishers, (2165 Park Boulevard, Palo Alto, California), 1967.

While much of this book focuses on industrial skills-training with little discussion of theory, there is much of practical value for trainers in "human services" fields like family planning. The book is short, easy to read, and includes a reasonably useful bibliography.

Miles, Matthew B. *Learning to Work in Groups,* Teachers College Press, Columbia University, New York, 1959.

This is one of the best books available for beginning teachers. It includes clear and extensive explanations of adult learning theory and practical suggestions for planning and conducting training.

Training and Development Handbook, edited by Robert L. Craig and Lester R. Bittel, American Society for Training and Development, McGraw-Hill, 1967.

Basically a very useful and comprehensive reference book including fundamentals for the beginner as well as more advanced materials for those with some experience.

While beginners may find much in the following books difficult to understand at first, they are worth the time and effort of careful study:

NTL Selected Readings Series, National Training Laboratories -- National Education Association, 1201 Sixteenth Street, N.W., Washington, D.C.

Expecially:

No. 1: *Group Development,* edited by Leland P. Bradford

No. 3: *Human Forces in Teaching and Learning,* edited by Leland P. Bradford

No. 5: *Issues for Human Relations Training,* edited by Irving R. Weschler and Edgar H. Schein.

INSERVICE EDUCATION RESOURCES

How To Plan an Inservice Education Program for (your) Nursing Home, United Hospital Fund of New York (Nursing Home Trainer Program), 3 East 54 Street, New York, New York 10022, 1972

Selected Environmental Health Procedures for Housekeeping and Supervisory Personnel (and associated films), Educational Services Division, South Carolina State Board for Technical and Comprehensive Education, Columbia, South Carolina, 1973.

Selected Dietary Procedures for Food Service Personnel (and associated films), Educational Services Division, South Carolina State Board for Technical and Comprehensive Education, Columbia, South Carolina, 1973.

Selected Nursing Actions for all Levels of Nursing Personnel, Educational Services Division, South Carolina State Board for Technical and Comprehensive Education, Columbia, South Carolina, 1973.

South Carolina Diet Manual, South Carolina Dietetics Association, Second Edition 1969. Available from Mrs. Joann Davis Dietary Department, Tuomey Hospital, Sumter, South Carolina 29150, $3.50.

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